Heartland
Health Region

Heartland Health Region's Annual Report 2015-2016

For the 2015-16 Fiscal Year
Ended March 31, 2016

Healthy People
Healthy Communities
Collaboration
Respect
Excellence
Compassion
Stewardship
Unwavering Focus on the Patient
Service Excellence in an Enduring Health System

Heartland Health Region

OUR VISION

Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System

OUR MISSION

To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health.

OUR VALUES:

- *Compassion*
- *Respect*
- *Collaboration*
- *Stewardship*
- *Excellence*

WE WILL FOCUS ON:

Better Health

Better Care

Better Teams

Better Value

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Access the Annual Report online at:
http://hrha.sk.ca/publications-media/annual-reports/

Letter of Transmittal

To: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan;

The Heartland Regional Health Authority (HRHA) is pleased to provide you and the residents of the health region with the 2015-2016 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2016.

The Heartland Health Region (HHR) had many successes during the fiscal year. The overall success of the HHR is gratefully attributed to the dedication and commitment of the employees and medical staff of the Heartland region, investments from the Province of Saskatchewan, as well as the generous residents who give generously of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,

Richard Anderson
Chairperson

Overview of the Annual Report

The 2015-2016 Annual Report will highlight successes and challenges we have had during the past year. It will outline some of the programs and initiatives we have been working on throughout the region. The report will also show how our programming and services align with the Ministry of Health's Health System Plan.

In the Heartland Health Region, we are committed to offering services in a way that ensures access while facilitating teamwork and communication at every junction. The region has been working hard to recruit and to retain the talented professionals required to establish and to maintain levels of service. Continuous quality improvement and a commitment to the safety of our clients and staff will ensure we excel at what we do. By working together with all stakeholders we can remain accountable and transparent while moving forward (together) as partners in shaping the future of our healthcare system. We cannot predict the future environment within which we will exist; however, when planning for anticipated change we can consistently put the clients' needs and wishes first.

Did You Know?

On a yearly basis, Heartland Health Region:

- Admits more than 2,387 acute care patients to hospital;
- Provides more than 1,164 surgeries, including diagnostic procedures;
- Has more than 37,386 ambulatory care and out-patient visits;
- Responds to more than 3,538 emergency medical service calls (EMS);
- Conducts over 568,837 laboratory tests and x-ray exams;
- Conducts over 2,235 ultrasound exams;
- Provides more than 3,751 doses of influenza vaccine to populations over age 65;
- Provides education on diabetes to more than 2,246 clients;
- Provides mental health and addictions services to more than 8,532 clients;
- Provides physiotherapy and occupational therapy to over 12,244 clients;
- Provides service to more than 2,024 home care clients;
- Provides residential care to more than 481 residents in long term care.

Vision, Mission and Values

"Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System" is the vision for the region. The mission is "To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health. Our values are Compassion, Collaboration, Excellence, Respect and Stewardship.

Regional Health Plan

The Heartland Health Region is responsible to deliver health care services to citizens living within its borders. This year we continued on our journey to achieving our Health Plan 2015-2016. The Health Plan sets out how we turn our strategies into actions that are aligned with the

Provincial Health System. It is the 'Strategic Directions' that establish the actions the Region will take.

We use a coordinated process similar to the rest of the provincial health regions for strategic planning. It is a system where goals are jointly determined, plans to achieve the goals are established, and measures are created to ensure progress towards these goals. Our Strategic Direction is intended to help us "focus and finish." It involves identification of shared goals, communicating the goals to all leaders and holding participants accountable for achieving their part of the plan. The strategic planning process provides the region with a valuable opportunity to review our priorities and determine action plans to meet those goals.

There are four long term strategies identified as priorities for the provincial system. These are Better Health, Better Care, Better Value and Better Teams.

Provincial Health System Goals

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

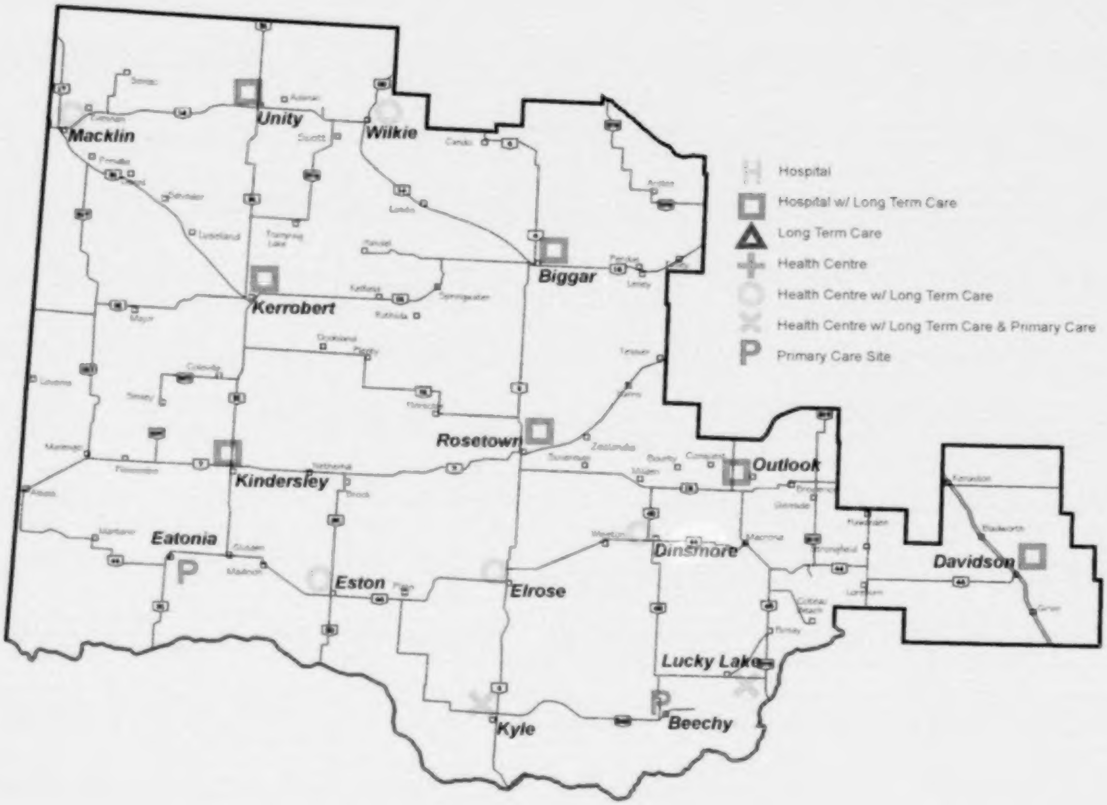
Better Teams

Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Putting Patients First
better health • better care • better value • better teams

Information about Strategic Planning for the Saskatchewan health care system and the Ministry of Health Plan for 2015-16 is available on the government website: http://www.finance.gov.sk.ca/PlanningAndReporting/2015-16/HealthPlan1516.pdf

Figure 1: Heartland Map of Facilities


Macklin
Unity
Wilkie
Biggar
Kerrobert
Rosetown
Kindersley
Outlook
Eatonia
Eston
Elrose
Dinsmore
Davidson
Lucky Lake
Kyle
Beechy
Hospital
Hospital w/ Long Term Care
Long Term Care
Health Centre
Health Centre w/ Long Term Care
Health Centre w/ Long Term Care & Primary Care
Primary Care Site

Heartland Health Region Overview

Administrative Structure

Under the direction of the President/CEO, Heartland's four Vice-Presidents carry out the portfolio responsibilities of Health Services, Human Resources, Corporate Services, and Primary Health/Quality Services. The Senior Medical Officer is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 2 on page 10.

Programs and Services

Primary Health Care Services

Various forms of Primary Health Care (PHC) service delivery exist across the Region. In many communities PHC is delivered through the traditional model of clinic based services delivered by sole or group practice physicians. In contrast to the traditional model, the communities of Beechy, Lucky Lake and Kyle have a well-established team-based, collaborative model of care. These three communities share a single physician who rotates through each community on a weekly basis and supports and collaborates with a full-time Nurse Practitioner (NP) assigned to each of the communities. This means a community has access to a full-time NP five days a week and if need be the NP can consult with the physician on a daily basis regardless of which community the physician is visiting. The communities of Kerrobert and Eston also have a physician and NP working alongside of one another, in a consultative, collaborative manner. This partnership looks a little different in Kerrobert and Eston in that there is not as much opportunity for the NP and physician to be co-located as in the Beechy-Kyle-Lucky Lake arrangement. The variation in PHC across Heartland is a testament to the fact there is no one way to deliver service – it depends on geography, population needs and opportunities.

While physician and NP services are one hub of PHC, another hub consists of the service provided by other providers, such as Community Dieticians, Diabetes Nurse Educators, Exercise Therapist, Physical and Occupational Therapists, Mental Health and Addictions Counsellors, Home Care, and community Pharmacists, to name a few. As Heartland continues to grow and develop our PHC services, this hub of service providers continue to be key partners in developing new intake and assessment procedures, better referral processes, and increased collaborative practice with the goal of improving the client's care plan. PHC can look different and involve different practitioners, but ultimately the goal is the same: collaborating together, to offer an enhanced, coordinated and improved care plan to the client.

Quality Services

Using different approaches and methods, the Quality Services department supports improvement initiatives across Heartland's clinical services and programs.

In some cases these improvement initiatives are initiated through provincial priorities. Providing support to the Long Term Care portfolio with the Ministry's mandate on quality indicators is one example of Quality Services work on a provincial initiative. Quality Services also takes on improvement initiatives identified by frontline staff and the management team as Heartland Health Region's operational priorities.

While many improvement initiatives come out of a provincial mandate, the customer's voice, or Regional operational priorities, there are also other sources that drive improvement work. Individual client or family concerns, or critical incidents involving a near miss or actual adverse event, may typically present several improvement opportunities for improving the safety and quality of our frontline services. Risk management also occurs in the form of responding to and monitoring improvements triggered by an "Issue Alert" from the Ministry of Health, or product and equipment vendors.

Heartland has been using continuous improvement tools and improvement methodologies to support improvement initiatives across the region. The key advantage in using these types of methodologies is the staff participation, engagement and ownership of improvement ideas. One such event is called 5S. This is a process and method for creating and maintaining an organized, standardized, clean and safe workplace. It allows staff to have what they need to do their job, when they need to do it, and it empowers employees to take ownership of their work area. Another event is called Mistake Proofing. Mistake proofing prevents mistakes before they create defects. This improvement initiative helps to eliminate rework, reduce costs, and ultimately enhance quality and safety. There are many other types of quality improvement initiatives that are used within the health system and they are very effective in team-building and improving overall services.

In addition to improvement initiatives, Quality Services also spend time handling Privacy matters. Tending to privacy issues ranges from processing access to health information by clients or other stakeholders, investigating and handling privacy concerns from individual clients and families, and assisting with updating and improving our policies and practice related to privacy matters.

Regardless of the topic or area of work, Quality Services often follows a similar format: gather information and data, clearly understand the problem, and develop and test new processes for improving the situation.

Population Health Services

Population Health Services is comprised of Public Health Inspection, Public Health Nursing, Dental Health Education, Population Health Promotion, Public Health Nutrition, Parent Mentor Program and Infection Prevention and Control.

Public Health Inspection works with communicable diseases. They complete inspections on restaurants, plumbing, sewage, water, swimming pools and invasive personal services. As well, they offer Food Safe courses in the classroom setting and online.

Public Health Nursing offers a variety of programs such as pre and postnatal care, breastfeeding support, immunization, car seat safety, health education and counselling, communicable disease control, and international travel clinics.

The Dental Health Education Program offers oral health services such as dental sealants and fluoride varnishes to schools identified at high risk of tooth decay as well as fluoride mouth rinse programs in targeted schools. The dental team also offers dental health assessments and fluoride varnishes to the preschool population and provides counseling and oral health skill development to their parents and families.

Population Health Promotion and Public Health Nutrition work with all ages to promote better health outcomes. They guide other professionals in best practice and consult with communities and organizations.

The Parent Mentor program offers extra help and support for expectant parents and those with small children. They run group sessions which offer a variety of information as well as meet regularly with each family admitted to the program.

The Infection Control program is responsible for the surveillance and reporting of healthcare acquired infections, educating employees and clients about infection prevention, and the development of policies and procedures to ensure infection control standards are met. The Infection Control Practitioner (ICP) works closely with Heartland's Medical Health Officer, Communicable Disease Program, Occupational Health and Safety, Environmental Services and the provincial Infection Control Practitioner group.

Community-Based Services

To ensure clients can access services closer to home, the Region provides community-based services for Mental Health, Addictions and Therapies in the larger communities in the Region. Outlook, Rosetown, Kindersley, Unity and Biggar Health Centres all house the following professionals:

- Community Mental Health Nurses, Adult Counselors, and Child & Youth Counsellors,
- Addictions Counsellors, and
- Physiotherapy and Occupational Therapists and Community Therapy Aides.

These professionals all have satellite clinics in their areas where they travel to.

Also included in the community-based services program are regional programs such as Autism, Speech Language Pathology, Community Inclusion Support Services, and Podiatry.

Hospital/Acute Care

Acute care services in Heartland which include acute care inpatients, diagnostics (lab and x-ray), outpatient and emergency department services are provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Ministry of Health. The region's seven hospitals provided 82 designated acute care beds with obstetrical and low-complexity surgeries offered in Kindersley and Rosetown. Table 2 on page 11 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Continuing Care

Heartland and its affiliate, St. Joseph's Health Centre (Macklin) provide Institutional Supportive Care (Long Term Care - LTC) in 481 beds. These beds are located in 14 communities and include three recently opened facilities: Rosetown (March 2014) and Biggar (March 2015) and Kerrobert (June 2015) (See Table 2 on page 11). Placement into our Long Term Care facilities is prioritized based on assessed need. Heartland's facilities also offer additional temporary care beds that provide respite, palliative and convalescent care.

Home Care Services

Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as needed basis. Home care gave services to 2,024 clients in the 2015-16 year. There were 35,085 meals supplied to 316 clients during this fiscal period.

Emergency Medical Services (EMS)

The Heartland Health Region has seventeen EMS sites. Sixteen of these sites operate a traditional EMS service and one site operates as an EMS Rover service. The EMS Rover is a single EMS professional in a SUV, they respond to the scene, assess the patient and initiate treatments, and an ambulance arrives on scene with two EMS professionals and a transport unit. They further assess the patient and treatments already provided, receive transfer of care information from the Rover staff member and assume responsibility for the care of the patient and provide further treatments and transport to a health care facility. Of these seventeen sites, fifteen are region owned and operated. The two contracted EMS services are located in Beechy and Elrose.

Heartland EMS services responded to 3,538 calls in 2015-2016. This is a regional increase of 20 calls from 2014-2015. The EMS sites are staffed with Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Emergency Medical Technician – Advanced (EMT-As) and Emergency Medical Technician – Paramedics (EMT-Ps). There are around 120 EMS staff employed in the region. The majority of these staff are on-call casual employees.

Table 1: EMS Calls in Heartland

Site	2014-2015 EMS Calls	2015-2016 EMS Calls	Increase/Decrease
Beechy	**62**	65	+3
Biggar	**471**	481	+10
Davidson	**300**	274	-26
Dinsmore	**34**	47	+13
Dodsland	**48**	21	-27
Eatonia	**38**	18	-20
Elrose	**47**	37	-10
Eston	**158**	172	+14
Kerrobert	**193**	202	+9
Kindersley	**781**	773	-8
Kyle	**45**	57	+12
Luseland	**35**	4	-31
Macklin	**113**	98	-15
Outlook	**345**	353	+8
Rosetown	**390**	461	+71
Unity	**381**	386	+5
Wilkie	77	89	+12
Regional Total	**3518**	**3538**	**+20**

Administrative Structure
Organizational Chart
As of March 31, 2016

Figure 2: Organizational Structure

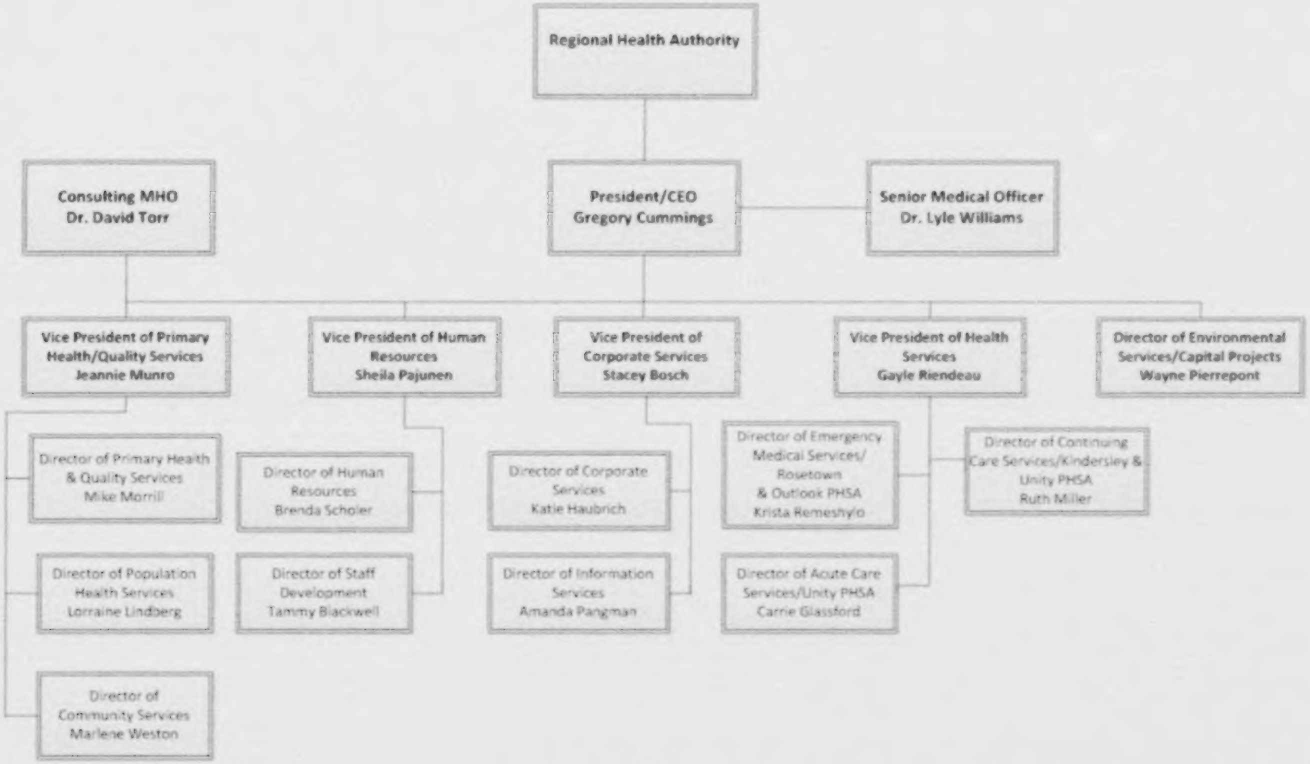

Regional Health Authority
Consulting MHO Dr. David Torr
President/CEO Gregory Cummings
Senior Medical Officer Dr. Lyle Williams
Vice President of Primary Health/Quality Services Jeannie Munro
Vice President of Human Resources Sheila Pajunen
Vice President of Corporate Services Stacey Bosch
Vice President of Health Services Gayle Riendeau
Director of Environmental Services/Capital Projects Wayne Pierrepont
Director of Primary Health & Quality Services Mike Morrill
Director of Population Health Services Lorraine Lindberg
Director of Community Services Marlene Weston
Director of Human Resources Brenda Scholer
Director of Staff Development Tammy Blackwell
Director of Corporate Services Katie Haubrich
Director of Information Services Amanda Pangman
Director of Emergency Medical Services/ Rosetown & Outlook PHSA Krista Remeshylo
Director of Acute Care Services/Unity PHSA Carrie Glassford
Director of Continuing Care Services/Kindersley & Unity PHSA Ruth Miller

Table 2: Summary of Acute, Long Term Care and Program Beds in the Heartland Health Region Facilities (2015-2016)

Facility	Category Offered	Acute	Long Term Care	Alternate Level of Care (ALC)	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley & District Health Centre	Acute, ALC	21	0	5	26
	LTC, ALC	0	77	2	79
Total District Hospitals		**21**	**77**	**7**	**105**
Community Hospitals					
Biggar & District Health Centre	Acute, LTC, ALC	13	54	2	69
Davidson & District Health Centre	Acute, LTC, ALC	2	30	6	38
Kerrobert & District Health Centre	Acute, LTC, ALC	10	30	2	42
Outlook & District Health Centre	Acute, LTC, ALC	10	42	6	58
Rosetown & District Health Centre	Acute, ALC	16	0	5	21
	LTC, ALC		52	2	54
Unity & District Health Centre	Acute, LTC, ALC	10	32	3	45
Total Community Hospitals		**61**	**240**	**26**	**327**
	Sub Total District/Community Hospitals	**82**	**317**	**33**	**432**
Health Centres					
Beechy Health Centre	Health Centre (5 days/wk)	0	0	0	0
Dinsmore Health Centre	LTC, ALC	0	18	3	21
Eatonia Health Centre	Health Centre (5 days/wk)	0	0	0	0
Elrose Health Centre	LTC, ALC	0	30	3	33
Eston Health Centre	LTC, ALC	0	31	4	35
Kyle Health Centre	LTC, ALC	0	17	3	20
Lucky Lake Health Centre	LTC, ALC	0	17	3	20
Wilkie Health Centre	LTC, ALC	0	29	5	34
	Health Centres Subtotal	**0**	**142**	**21**	**163**
Total HHR Beds		**82**	**459**	**54**	**595**
Affiliated Health Centre					
St. Josephs Health Facility-Macklin	LTC, ALC	0	22	4	26
Grand Total		**82**	**481**	**58**	**621**

*Alternate Level of Care beds may include respite, convalescent, palliative and observation

Table 3: Statistical Data for 2015 – The Year at a Glance

STATISTICS - Hospitals	2015	2014
Acute Care Inpatient Separations*	2,387	2,508
Live Births	16	17
Surgical Cases (OR & Day Surgery in OR) 2015 - Endoscopy – 1,034, Surgery - 130	1,164	895
Hospital Emergency Room Visits	24,609	23,437
Hospital Ambulatory - Scheduled Visits - General Medicine	12,777	11,571
Specialty	1,912	1,776
In-House Laboratory Tests and X-ray Exams	568,837	468,833
Ultrasound Exams	2,235	2,240
Ambulance Calls	3,538	3,518
STATISTICS - Continuing Care	**2015**	**2014**
Long-Term Care Separations*	240	237
Temporary Care Separations*	314	337
STATISTICS - Community Services	**2015**	**2014**
Physiotherapy Occupational Therapy Visits	12,244	10,813
Speech & Language Pathology Visits	371	315
Dietitian Visits	2,961	2,298
Diabetes Nurse Educator Visits	2,246	2,874
Podiatry Visits	2,137	1,895
Mental Health and Addictions Service Events	8,532	8,222
Telehealth Clinics and Education Sessions	1,128	786

* Separations refers to discharges

Governance and Transparency

Heartland Regional Health Authority (HRHA) has completed its twelfth year of operation. A ten member Regional Health Authority (RHA) serves the region. The authority is responsible to ensure the planning, organizing, delivering, monitoring and evaluation of health services delivered in the region. In October, 2015 the Ministry of Health made new appointments to the board in HRHA. There were three new appointments and seven reappointments. The new appointments were Bernadette Heintz, Geoff Legge and Carey Baker. They joined Chairperson Richard Anderson, Vice Chairperson Lorreen Illott, Loretta Goring, Gary Groves, Lyle Rankin, Mark Stockford and Norman McIntyre.

Figure 3: HRHA Board

Back Row L-R:
Carey Baker - Unity,
Mark Stockford- Kindersley,
Geoff Legge- Rosetown,
Norman McIntyre - Wiseton,
Gary Groves - Rosetown and
Richard Anderson - Kerrobert
Front Row L-R:
Bernadette Heintz-Handel,
Loretta Goring- Biggar and
Lorreen Illott – Eston
Missing below: Lyle Rankin-Outlook

Code of Conduct and Ethics

In keeping with the Regional Health Authority's (RHA) Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values.

The Heartland Health Region places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources within the context/realities of the present day. Within these contexts, ethical dilemmas sometimes arise. The Heartland Regional Ethics Advisory Committee has developed a regional Code of Ethics as well as an Ethics Decision-making Framework to provide references and a process to assist people (staff, physicians, community stakeholders) to find a resolution to these dilemmas. Additionally, the Ethics Advisory Committee continues to offer an Ethics Consultative service to clients, families, staff, physicians and community members.

Policy Governance

The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships between the Authority, regional stakeholders, and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process. The Board participates in an accreditation process using the governance functioning tool, conducting a self-assessment using Accreditation Canada's governance standards, and actively participating in the on-site survey.

Roles and Responsibilities

The annual Accountability Document and the Health System Plan provided by the Ministry of Health identify specific program and service expectations for the health region. The region's strategic directions are aligned with those of the Ministry of Health, all Saskatchewan Health Authorities, and the Saskatchewan Cancer Agency.

The government, Regional Health Authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) are focused on quality patient care and improving the patient experience. CEOs and executive staff play a critical role in the health system and have been asked to lead transformational change throughout the health system.

The President/CEO reports directly to the RHA regarding general and daily operations of the health region. The Senior Leadership Team, comprised of four vice-presidents, the Director of Environmental Services, the Senior Medical Officer and the President/CEO, meets frequently and are responsible for planning, integrating and delivering health services throughout the region.

Figure 4: Senior Leadership Reporting Structure

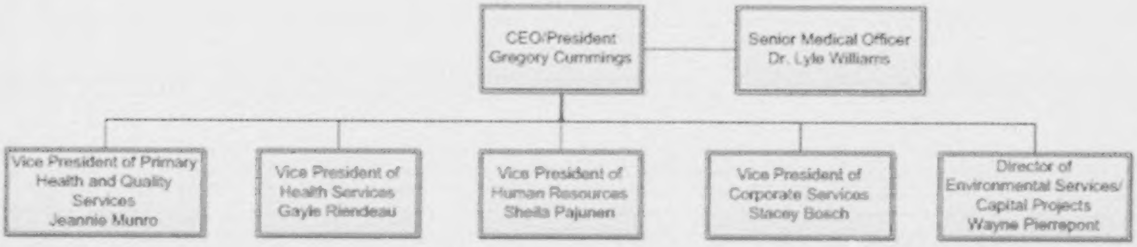

CEO/President
Gregory Cummings
Senior Medical Officer
Dr. Lyle Williams
Vice President of Primary Health and Quality Services
Jeannie Munro
Vice President of Health Services
Gayle Riendeau
Vice President of Human Resources
Sheila Pajunen
Vice President of Corporate Services
Stacey Bosch
Director of Environmental Services/ Capital Projects
Wayne Pierrepont

Figure 5: Senior Leadership Team

Back Row: Wayne Pierrepont, Sheila Pajunen, Stacey Bosch, Greg Cummings, and Dr. Lyle Williams

Seated: Gayle Riendeau and Jeannie Munro

The Regional Operational Planning Team (OPT) comprised of the CEO, the Senior Leadership Team and all program Directors, meet regularly. The OPT is a regional forum of health care leaders dedicated to enhancing the client's experience through collaboration amongst portfolios. Using a leadership style that facilitates change, the team addresses strategic direction and operating practices to ensure health system improvements. The OPT members provide input into strategic and operational plans, ongoing action plan development and performance monitoring.

Partnerships

Ministry of Health

The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHAs and ensuring the provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Document* defines the performance relationships between regional health authorities and the Province. It articulates the expectations for the organizational programs, service and funding of regional health authorities.

Health Shared Services Saskatchewan (3sHealth) and Saskatchewan Association of Health Organizations (SAHO)

The partnership to form 3sHealth was established between all Saskatchewan health regions and the Saskatchewan Cancer Agency in April 2012.

3sHealth is an organization that leverages economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. 3sHealth assumed the established shared services provided by SAHO such as payroll, group benefits, and procurement contracts administration.

SAHO operates as the representative employer for health regions in collective bargaining negotiations and interpretation.

Sun West School Division

Heartland Health Region has a close working relationship with the Sun West School Division. Besides collaborating on matters involving Child and Youth mental health, a Memorandum of Agreement was signed between the Region and the School Division effective September 1st, 2015 facilitating the Region providing education regarding addictions issues to classes in both elementary and high schools. Last fall, the Sun West School Division was the sponsor for a 2-day Workshop on Violence Risk Assessment Training. Many of the Region's staff participated and subsequently were involved in several of Risk Assessments conducted in the schools.

Integrated Case Management has been a continuing movement in the last year involving the partners who participate in the West Central Regional Intersectoral Committee. There have been many case conferences where multiple agencies are involved with a family who is in crisis. These case managements involve the School Division, Heartland Health Region Child and Youth Counselors, RCMP and the Ministry of Social Services meeting together to review cases and arrive at plans of action.

Living Sky School Division

Heartland's territory includes the Macklin and Unity areas which are under the jurisdiction of the Living Sky School Division. After a productive meeting this fall, a Memorandum of Agreement similar to the one Heartland has with the Sun West School Division was signed on December 21, 2015. Services already are being planned such as the PA.R.T.Y. (Prevention of Alcohol Related

Trauma in Youth) Program and TTYL (Talking to Youth Live)! These programs have already been delivered in Sun West for several years already.

Other Partnerships

The Saskatoon Health Region is another important regional partner. With no tertiary or regional hospital, inpatient psychiatric or inpatient addictions services within Heartland Health Region, professionals and physicians in the region work closely with health providers in Saskatoon to ensure that patient/client health needs are met. The Saskatoon Health Region provides psychiatrists on contract to visit the communities of Rosetown, Kindersley, Outlook and Biggar on a monthly basis to provide local access for psychiatric clients. The Saskatoon Health Region also hosts services such as a Forensic Child Psychologist who assesses clients and families. Mental Health and Addictions staff take advantage of webinars and Telehealth presentations provided by Saskatoon Health Region that allow staff to access education opportunities without incurring the costs of travel and accommodations.

The region worked with the Cypress Health Region in order to provide Nurse Practitioner and Physician services in the community of Eatonia. This past year Heartland partnered with Cypress Health Region for sterilization of medical devices for our region. This contract is being monitored by the Regional Surgical Team with input from the Infection Control Practitioner.

Community Advisory Networks

Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC) and the Waterwolf Planning Commission) to successfully resolve issues related to equipment requirements, service levels and resident concerns.

The RHA maintained ongoing links with a variety of groups, organizations and processes by:

- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee and the Waterwolf Planning Commission
- Liaising with local Health Foundations
- Working with local community physician recruitment groups
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees
- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attending focus groups

Key Partners and Health Care Organizations

Health and Community Foundations

Health foundations and community donors play an important role in ensuring we have up to date equipment to provide quality health care to the residents of Heartland Health Region. In 2015-2016 we invested $331,995 in upgrades to our facilities, and purchased approximately $1,604,561 in capital equipment, where 39% of the equipment was funded from foundations and donations. Equipment purchased in 2015-2016 was split as per the categories below:

Table 4: Equipment Purchased in 2015-2016

Category	Total Spent
Patient Comfort and Safety Equipment	$195,312
Surgical & Emergency Room Equipment	$115,677
EMS	$576,001
Acute & Long Term Care Nursing Equipment	$195,492
Diagnostics	$228,027
Information Systems	$78,739
Home Care, Public Health Nursing, Therapies	$39,902
Support Services	$175,413

In 2015-2016, the region was able to purchase electronic beds, laboratory equipment, power stretchers, defibrillators, therapeutic equipment, and vital signs monitors. Foundations, Individuals, and Bequests donated $624,175 to our capital equipment. Approximately seventeen community foundations and advisory groups exist within the boundaries of the Heartland Health Region. Donations may also be made directly to facilities in the region and are deposited into restricted accounts to be used for capital and small equipment purchase. Donations received in 2015-2016 were primarily used for patient comfort and safety equipment and Acute care, Emergency Room, and EMS Services clinical equipment (i.e. cardiac monitoring, Autopulse Units, vital sign monitors, and Stretchers).

Foundations and the local communities in Biggar and Kerrobert were also instrumental in the building of two facilities. In 2015-2016, $506,719 was provided in donations to fund both 20% of the construction of the building project and 100% of the equipment. 2015-2016 marks the end of these capital projects.

BridgePoint Center Inc., Milden

Heartland is proud to be the home region of BridgePoint Center for Eating Disorders in Milden, Saskatchewan. What started out as a pilot project over 18 years ago has turned into an innovative eating disorder program that has gained attention at a national level and has positively impacted thousands of lives. Saskatchewan residents are fortunate to be able to access holistic residential programming for disordered eating – including bulimia, anorexia, binge eating disorder and eating disorders not otherwise specified. Programming of this type typically costs over $1000 per day; our program is available to Saskatchewan residents at no cost through the continuum of care. There is an average of 140 days of programming that ranges from three to 32 days. In the last year, ten of the thirteen Health Regions in the province referred patients to BridgePoint. Support is available throughout the year for participants and their families through our pre and post participant care program.

Community outreach presentations were delivered throughout the province to audiences ranging from schools to the medical community by our team of professionals and paraprofessionals. BridgePoint will continue to expand awareness and communication to outside agencies and provide quality programming under the direction of a new Executive Director who joined the team in December.

Community Inclusive Support Services Program

The Community Living Division of the Ministry of Social Services funds a Community Based Organization operated by Heartland Health Region providing services to individuals with disabilities. With the scope of the program being expanded to serve all of Heartland Health Region, the families and clients in the southern part of the Region have benefited greatly as they generally were not served in the past. In the 2015-2016 year, the Program Manager who works out of Unity and the Consultant who is headquartered at the Kyle Health Centre have experienced an increase in the number of clients that they are serving. They have primarily been assisting clients in applying for grants for services through the Cognitive Disability Strategy that the Ministry of Social Services funds and applications have been generally successful.

We are currently serving 156 children/youth and their families by helping them access supports and services. We continue to partner with all communities in our region, five school divisions, three Cognitive Disability Strategy (CDS) regions and all provincial/regional ministries in Heartland Health Region to assist families with navigating the systems and finding appropriate services and supports based on the needs of their child/youth and priorities identified by their family.

West Central Regional Intersectoral Committee

Heartland participates in the West Central Regional Intersectoral Committee (RIC). As well as Heartland, participating agencies include Sun West School Division, Great Plains Regional College, and the Ministry of Social Services. The RIC covers most of Heartland's area with the exception of Unity and Macklin. Heartland Health Region is the responsible partner for the RIC and holds the funding for the Committee.

One of the West Central RIC's strategic objectives is to support Family Resource Centres throughout its boundaries. The Kids First Community Developer, a position funded through the Ministry of Education and administered by Heartland, has been working to assist community members to provide services through Family Resource Centres in Kindersley, Rosetown and Biggar. An Early Years Coalition has been developed from a Sub Committee to work on other means of serving pre-school families such as a mobile unit to bring resources to families where a Resource Centre is not available.

During the 2015-2016 fiscal year, funding from a previous program administered by the RIC was used to provide access by the Community Developer to new programs to assist with families and children. The Community Developer attended training for the Triple P Parenting Program and Roots of Empathy. The Roots of Empathy involves weekly sessions for 27 weeks where the Developer attends a class of young school children and where a mother with a new baby attends nine times during the course of the 27 weeks. Learning how to care for a baby and treat each other with respect is the objective.

Other objectives are to provide education and networking activities for community and staff development. A Networking Forum has been held each spring where speakers present and community agencies set up booths to share information about the services they provide.

Canadian Mental Health Association, Kindersley

The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by the Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Heartland Health Region. The CMHA partners with Heartland Health Region and other community agencies in carrying out these activities.

St. Joseph's Health Facility, Macklin

St. Joseph's Health Facility in Macklin operates as the region's only affiliate Health Care Organization. St. Joseph's Health Facility has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director.

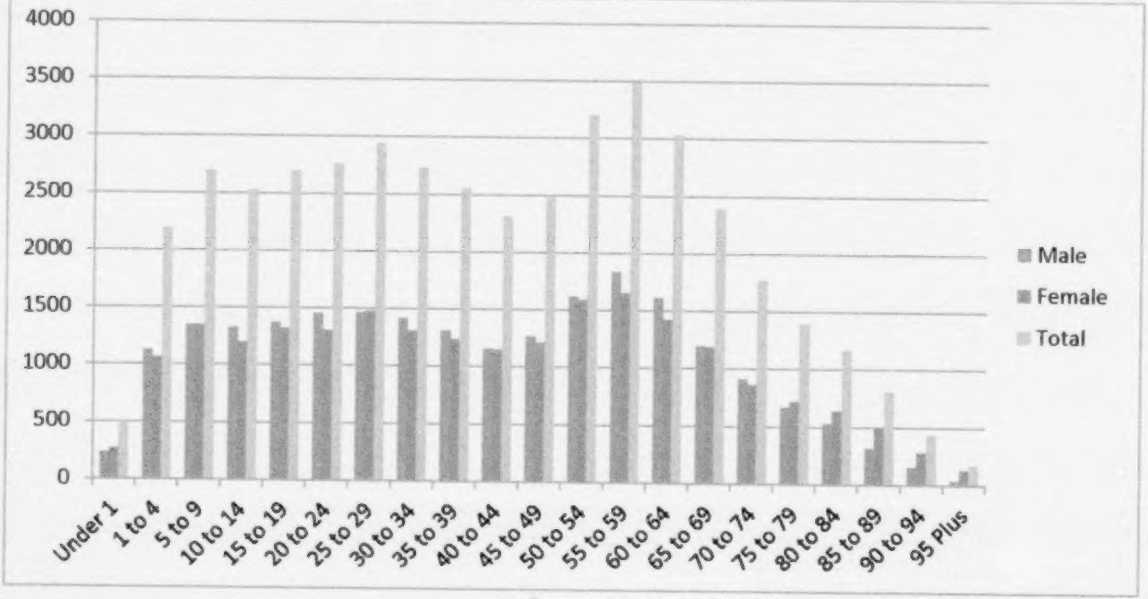
St. Joseph's offers out-patient treatment; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and four program beds, and works in partnership with the Regional Health Authority in providing space for regional programs including community services, home care and Heartland's Emergency Medical Services (EMS). Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Our Region

The Heartland Health Region is located in west central Saskatchewan. It provides health care services to a population of 44,256 residents over 431,770 square kilometres of land. (Source: Ministry of Health Covered Population 2015). Within its boundaries, there are 57 towns and villages, 44 rural municipalities, and 20 Hutterite Colonies. The region's largest urban centre is Kindersley, with a population of 5,357. Other major centres include Rosetown (3,134); Unity (3,067); Biggar (3,049); and Outlook (2,857). Heartland Health Region is characterized by rural communities located across an expansive geographical area. We have prominent farming, oil, and gas industries (among others). Our communities exemplify strong support networks built from conventional family values.

Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may create challenges regarding access to services.

Figure 6: Heartland Health Region Population 2015



Source: Ministry of Health. Covered Population 2015

In 2015, Heartland's population was closely divided between males and females with 22,371 males (50.54%) and 21,885 females (49.45%). Some 18.40% of the region's population is 65 years of age or over, compared to the 14.51% in the province as a whole. Figure 6 provides a further breakdown of Heartland's 2015 population by age and sex.

Our aging population is also driven by a particular set of values, resulting in predictable lifestyle choices. The overwhelming preference is for our aging population to utilize the health and social service which affords them the greatest level of personal freedom, independence, and autonomy. The health system's *Long Term Care* environment (likely) represents one of the final stages of the client's journey through a much longer care continuum. We recognize the necessity for our health system to be responsive and consistent in the provision of its *Long Term Care* services, while acting as partners with stakeholders (communities, private organizations, other health providers, etc.) in ensuring consistency of care throughout the entire continuum (homecare, affordable housing, assisted living, long term care, etc.).

Trends in demographics and health status information have enabled us to identify clear priorities for ensuring the future health of our region. The largest portion of our population is represented by those individuals born between 1947 and 1966, or the "Baby Boomers". Within our health status information we have also identified significant trends which are of a particular relevance to that age group (diabetes, high and low blood pressure, obesity, chronic obstructive pulmonary disease, etc.). If unchecked, this combination of increasing quantity of potential cases and increased prevalence could have serious implications for health care delivery. A health system which raises awareness and education about the prevention of chronic conditions and fosters a shared responsibility for health will be effective to ensure the long term accessibility and sustainability of services.

In assessing current health status in the region, there are two important considerations for the future:

- Over half the population (51%) is over the age of 40. In contrast, approximately 24% of the population is under the age of 20; and
- Healthy eating and regular exercise are below the provincial average.

For our aging population, improvement in or prevention of disease and chronic illness requires:

- Patient-engagement in solution-building, and shared decision-making to promote independence;
- Co-ordination and collaboration amongst multiple health professionals;
- Change in behaviour/practices of both patients and practitioners; and
- Less dependence on the health system.

For youth, risky behaviour is the perennial cause of most health problems. Education, dialogue, and engagement through new media and modern pathways of access are important to pursue. For our elderly population, health is most often complicated due to falls, thus fall prevention as well as support for chronic conditions are two key priorities that we have put more focus on now and into the future.

Overview of Programs and Services
Better Health

Primary Health Care Services
Primary Health Care is often been describes as the "everyday care "that a person needs to protect, maintain, or restore health. Heartland Primary Health Care focuses on providing health services using the best resources we have in the most efficient way possible. Those resources may be a visit with a family physician or nurse practitioner, advice from a pharmacist or chronic disease nurse or education from any number of professionals such as an exercise therapist, a mental health provider, a dietitian, diabetic educator or physio/occupational therapist. Primary Health Care can also be the link to other parts of health services that serve our residents.

Collaborative Primary Health Care Teams
Collaborative Health Care Teams continue to be a priority to enhance primary health care throughout Heartland Health Region. The Rosetown-based collaborative team has expanded its Chronic Obstructive Pulmonary Disease (COPD) focus by piloting the "Breathe Easy" program. This is a program of exercise and education designed to help manage the chronic lung disease more effectively. The program includes the leadership of an Exercise Therapist, a Physiotherapist, a Therapy Assistant and a Chronic Disease Nurse. Many other providers including Dietitians, an Occupational Therapist, Mental Health providers, Home Care Registered Nurses and local Pharmacists make up the team. They deliver education and assistance to clients with a diagnosis of COPD. The goal is to increase the client's capacity for exercise, reduce fatigue or breathlessness and provide emotional support to the client.

The Outlook Collaborative Care Team is a large group of providers that meets regularly to sponsor team-based care to clients with complex or chronic conditions. Clients access this group through a navigator, usually the first provider who has had contact with the client. The client, assisted by the navigator, develops their own self-management goals and, based on the goals, chooses a small diversified team from the group of providers. The provider group is consulted from time to time for new ideas that will help the client meet their health goals. The team and the provider group work with the client until the client agrees they can be 'discharged' from team care. The client is assured they are able to access another team at any time through any provider they are seeing.

In the coming year, plans include the formation of a Kindersley Collaborative team that will be developed out of the Pathways to Wellness community health initiative. "Pathways to Wellness" was formed in the community of Kindersley as a support for those who have recently experienced a health episode or for those wanting to take a preventative action in their health. There are set times at the Civic Centre that people can walk as a group, join in an exercise session, or request a health education topic be presented by a Heartland Health professional. Plans for the future are to develop an exercise room in the same space as the walking takes place. This could open up opportunities to invite members from the community to exercise together and could be utilized as a collaborative meeting space where health professionals could attend an appointment with their client, suggest exercises and provide additional individualized or one on one education.

Walk this Way™, Live Well With Chronic Conditions™

The goal of Walk This Way™ is to improve or maintain the health of people who are living with a chronic condition or those who are at risk, by providing a safe and supportive environment for individualized/group exercise and learning. The emphasis is on building skills for managing your own health and maintaining an active lifestyle. In 2015-2016, Walk This Way™ expanded its community programming with the addition of the communities of Biggar and Unity. Each community program looks a little different as the emphasis is on enhancing what is already available in that community. The program is led by an Exercise Therapist and utilizes many other health professionals from that specific community to provide support to clients. It is important that the priorities of the program remain with the participants, altering the program as we go along to fit the needs of the communities/people who attend. An excellent partnership was established in Unity with the addition of Emergency Medical Staff who assist in leading and supervising the program in that area. This collaborative practice was such an asset; it is a practice the region hopes to re-create in other programs and communities.

In 2015–2016 The Live Well With Chronic Conditions™ program was re-energized in Heartland Health Region. This is a program developed through Stanford University knowing that people with chronic conditions must not only deal with their health condition but the impact that these conditions have on their lives. The program focuses on peer verses clinical leading, and the results are positive. Three new Peer Leader trainers have completed their training and have completed a class in Rosetown in March of 2016. Of the twelve participants who attended and completed the program, many said they see improvement in both their health behaviors (exercise, nutrition and coping) and their health status (fatigue, increased physical and social activity). All of them said they would recommend this program to others. Plans for the future are to host similar classes in other communities and build up our peer leaders as we go so that communities have local representation.

The Diabetic Collaborative (Diabetic Nurse Educator, Dietitian, Chronic Disease Registered Nurse, Exercise Therapist)

Heartland Health Region Dietitians and Diabetic Educators provide the residents in the communities within Heartland with many excellent services. Many physicians within Heartland work collaboratively with these providers to support diabetic clients with counselling and advice. Each physician has their own preference for how this works best in their clinics so the service is provided in a variety of ways. This service continues to expand as more and more physicians see the benefit of providing services in this manner. A pilot of a diabetic shared appointment model was trialed in Biggar this past winter. This model saw a Physician, a Diabetic Nurse Educator, a Chronic Disease Registered Nurse (RN) and a Dietitian work together for a clinic that assessed, reviewed and advised eleven diabetic clients in the Biggar area. The first clinic was extremely successful and since then a follow up clinic has taken place. The providers and the participants have expressed their satisfaction as seeing diabetic client's health status improve within the first short time period. Clients have expressed that this clinic feels efficient and effective for them to see multiple providers at the same time and have everyone working towards the same health outcomes. Plans for the future would be to expand this program to other communities.

Other chronic disease programs have taken place in Heartland such as the provision of Heart Health via telehealth. These sessions provide cardiac clients with education from providers on exercise, medications, stress and coping and healthy eating. Once again our local Pharmacists are a great asset to these regional teams of Mental Health Providers, Dietitians and Exercise Therapists. The use of Telehealth continues to provide other chronic disease and health education services to locations were access is a challenge so that travel can be eliminated.

Public Health Inspection

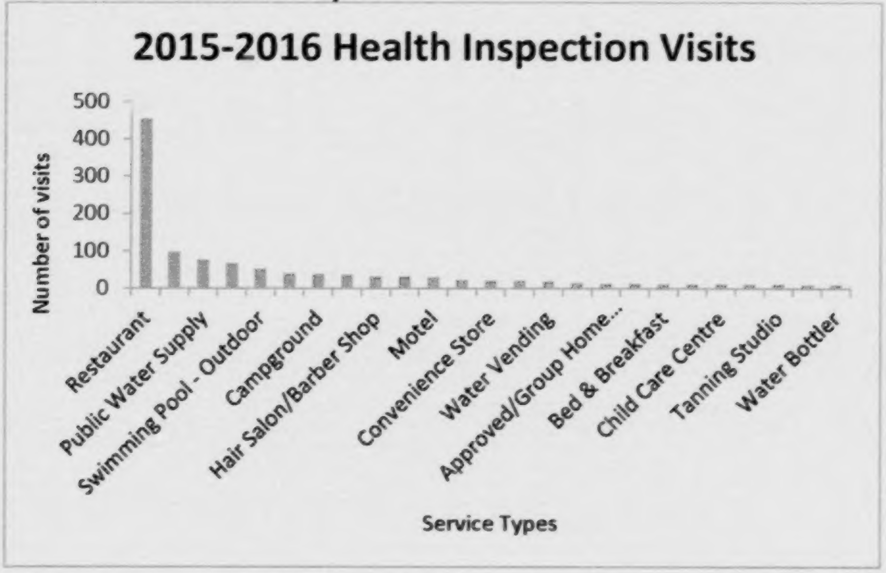
The goal of the Public Health Inspection Program is to prevent illness and injury to the residents of Heartland Health Region. Working with Public Health legislation, the program provides inspection, investigation and consultative services in the region. The program is outlined by the Ministry of Health and the Public Health Inspectors work closely with the Consulting Medical Health Officer for the region.

Public Health Inspection staff is located in Outlook, Rosetown, Kindersley, Unity and Biggar.

The Saskatchewan Environmental Health Information Program (SEHIP) was introduced in 2015. This program manages the work of the Public Health Inspection Program. Inspection reports as well as other activities are now directly entered into SEHIP. This eliminates the hand written reports and the corresponding data base and reports are generated directly from the system and provided to the clients. The efficiency of the program has improved with the use of this new system. SEHIP gives detailed recording of information and ease in finding the information, with the main benefit of providing the Public Health Inspection program electronic access to their program.

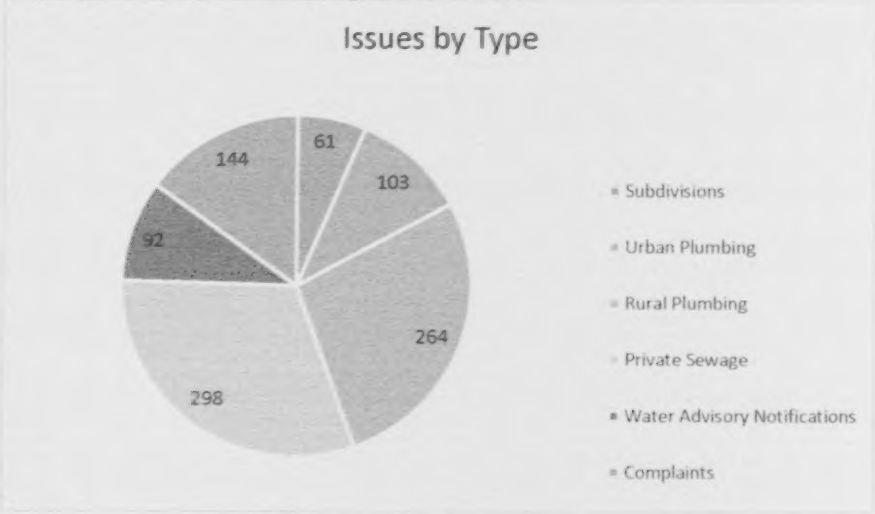
Fourteen hundred and thirty six inspections of facilities were conducted. The chart below provides a breakdown of the various inspections conducted at different facilities.

Table 5: Pubic Health Inspections



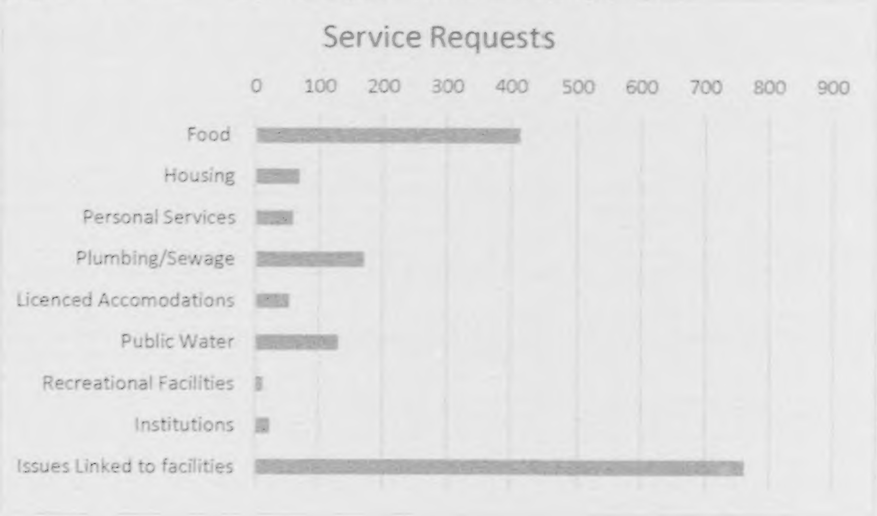
The system also captures other Public Health Inspection activities. In total, 1993 issues were captured within the system. The most common are illustrated in the chart below.

Figure 7: Public Health Inspection Issues



There were 1,017 service requests. The most common are shown in this chart.

Figure 8: Public Health Inspection Service Requests



The Public Health Inspection portion of the Heartland Health Region Website has been upgraded. Clients consistently refer to the site for information and documents.

Two Swimming Pool Operator Courses were held with a total of twenty students attending. There were seventeen Food Handler Courses held in various locations in the region. Certificates in Food Safety were issued to 252 individuals. Fifty three individuals completed the online course.

Public Health Services

In 2015-2016 the Public Health Nurses (PHNs) provided extensive Maternal and Child Health services and clinics throughout the region:

- They offered 541 Child Health Clinics in seventeen different communities throughout Heartland Health Region.
- There were 3,397 appointments (scheduled 30 minutes for infants and children), to address a full range of assessments including nutrition and the feeding relationship, physical assessment and growth monitoring, developmental assessment and screening, speech and language, immunization and screening for oral health and Maternal Mental Health.
- There were 1,731 fifteen minute appointments to specifically address immunization requirements and growth monitoring only.
- The regional PHNs received 563 postnatal referrals this year (an increase of 32 or 6% from 2014-2015), and visited 502 postnatal clients in their homes in order to provide care and support for new mothers and families.
- An additional 299 contacts or home visits were done to support breastfeeding mothers, babies and families.
- 97% of new postnatal families were contacted by a PHN within 72 hours of receiving notification of discharge to ensure timely access to services.

With Client Centered Care as our priority, PHNs made 101 referrals to other Health Care Professionals to support clients accessing specialized services and helping to ensure better health outcomes for the client and their family. An additional 44 referrals were made specifically to the Maternal Wellness/811 HealthLine interim support program to assist families dealing with Maternal Mental Health concerns. This is a coordinated effort between the health region Public Health Services, Mental Health Services and interim supports from HealthLine. This is a new program available to our rural clients who may not have access immediately when concerns are recognized.

Public Health Nurses, in partnership with regional Emergency Medical Services (EMS) and with Saskatchewan Government Insurance (SGI), also coordinated and facilitated forty Car Seat Clinics in seventeen communities around the region. A total of 201 car seats were inspected including 98 rear-facing, 86 forward-facing and seventeen booster seats. This is a huge effort focused directly on education and injury prevention. This was an increase of 28 seats or 16% from 2014-2015.

Immunization

Public Health Nurses are the key providers of the annual influenza program and they partner with facility immunization Registered Nurses, Nurse Practitioners (NPs), and physicians to address the needs of Heartland residents during the Influenza Season. Public Health Nurses provide a variety of community based and HHR employee focused Influenza clinics in multiple locations in thirty different towns and villages throughout the region.

The total Influenza vaccinations given to date for the 2015-2016 season were as follows, but to note this 2015-2016 Influenza Immunization campaign was extended to April 29th with children requiring their second dose eligible until May 31st:

- 1,538 doses of influenza vaccine to children age six months to less than nine years of age;
- 4,458 doses of influenza vaccine to residents under 9-64 years of age;
- 3,751 doses to Heartland residents 65 years of age and older;
- 1,093 doses to HHR Health Care Workers or 63.7% of active employees received their annual influenza vaccine.

This was the sixth year the Ministry of Health supported a Universal Influenza Program, so there were no sales of flu vaccine as all doses were publicly funded.

In the 2015-2016 fiscal year, PHNs continued to implement a variety of school based immunization programs. As a collective group, they gave 2,469 school immunizations based on current provincially funded programs to Grade six and eight students. The PHN's have also worked with many new Canadian families to request immunization records, review history and provide an additional 238 immunizations to our newest residents.

Not including annual influenza programming for Heartland Health Region employees, the PHNs provided 481 new staff health consults and gave another 499 immunizations to employees.

Travel health and vaccine sales clinics (activity for 2015-2016)

- 2015-2016 was the seventh year of expansion of the travel health and vaccine sales services.
- There were a total of 138 travel/sales clinics this past year, up by eight clinics from the 130 in 2014-2015.
- In those clinics, the travel PHNs saw 592 clients for travel health consults and 460 clients for fifteen minute follow up appointments.

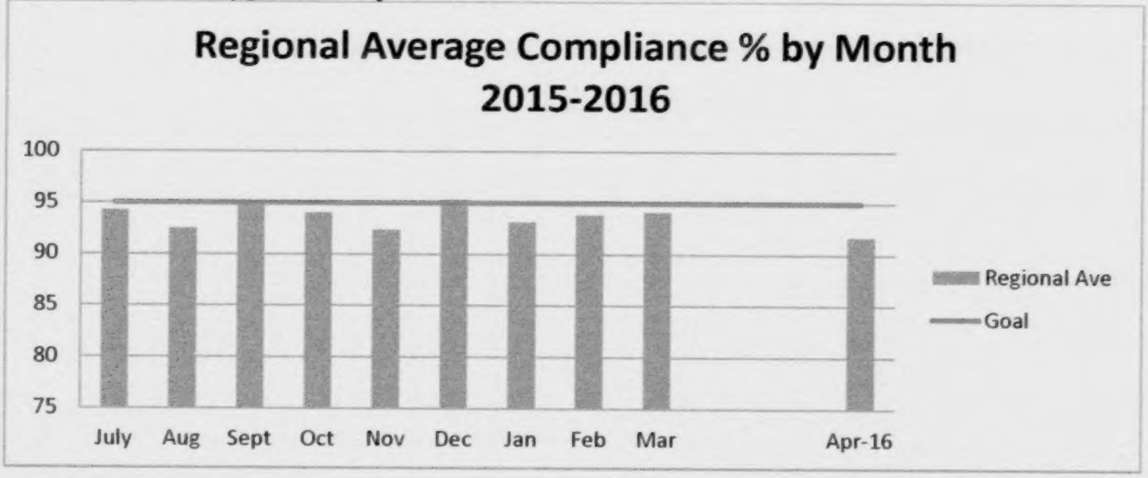
Communicable Disease

The Communicable Disease program coordinated the follow up of 58 reportable communicable disease cases and 169 Influenza lab confirmed investigations this past year. Public Health Inspectors, Public health Nurses and regional Infection Control all work together to provide follow up education to the clients, to work with regional physicians in diagnosis and confirmations, and to support communities when required. There were 79 sexually transmitted infection cases and 51 contact investigations that occurred in 2015-2016, coordinated through regional Communicable Disease programming.

Infection Prevention and Control Management

Hand hygiene and auditing for compliance was in the spotlight this past year. In July of 2015, auditing for hand hygiene increased to monthly, from quarterly, with the expectation that all facilities participate. The compliance rates are then shared with stakeholders during Wall Walks, as well as posted within facilities for staff, clients and visitors to see. The move to monthly reports provides more opportunities for quality improvement and teachable moments with staff. Hand hygiene continues to be a challenge, and will remain in the spotlight in the upcoming year. Our goal is to have all facilities participating in the auditing process consistently, and to reach towards an overall compliance rate of 95%.

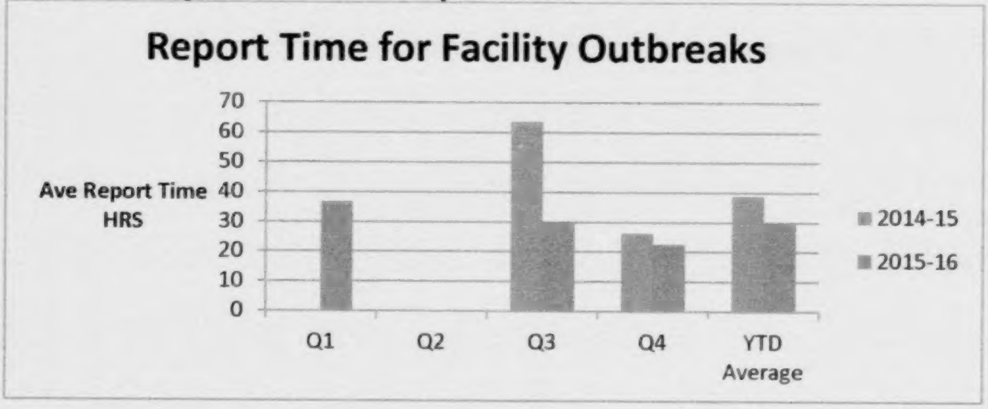
Figure 9: Hand Hygiene Compliance



Another highlight has been a change to the Infection Control Presentation during Regional Orientation. All new hires are shown the appropriate steps of hand hygiene and the procedures for the use of Personal Protective Equipment (PPE); and then are required to demonstrate their knowledge of the skills. Infection control education sessions for front line staff throughout the year included such topics as routine and additional precautions, *C difficile* infection management, and outbreak management in facilities.

An operational goal for Infection Control in 2015-2016 was to have a 10% reduction in time facilities took to report a potential outbreak to the Infection Control Practitioner or designate, from the previous year. The goal was met, with report times lower in each quarter, compared to the previous year. There were a total of eight facility outbreaks, (five respiratory and three enteric) in 2015-2016, and no influenza outbreaks were reported. An operational goal for the current year is to continue with the reduction of time taken to report potential outbreaks, and to reduce the number of outbreaks as well.

Figure 10: Report Time for Facility Outbreaks



Dental Health Education Program

A *Regional Dental Screening Report* was developed from the dental screening data collected between September 2013 and June 2014 on 869 students in grade one and grade seven. This report will be used in making informed decisions related to oral health standards of practice and focus on the unmet dental needs of children in the Heartland Health Region. These dental screenings are done every five years.

Fluoride Varnish Program for Preschool Children and Hutterite Children

The Heartland Health Region continues to offer the Fluoride Varnish Program. Statistics indicate that many children in Saskatchewan have experienced tooth decay or have had dental treatment done by the time they enter school. The goal of this program is to reduce and prevent tooth decay in younger children, resulting in better overall health, fewer costs to parents and the health care system and reducing the number of young children having general anaesthetic administered; therefore freeing up operating rooms for other surgical procedures.

Clinics are held in Biggar, Davidson, Dinsmore, Elrose, Kerrobert, Kindersley, Lucky Lake, Macklin, Outlook, Rosetown, Unity and Wilkie and 20 hutterite colonies:

- 403 children six months to five years of age received a dental screening, oral hygiene instruction and a fluoride application at designated fluoride varnish clinics.
- 71 preschool Hutterite children six months to six years of age received a dental screening, oral hygiene instruction and a fluoride application.
- 243 Hutterite children six to fourteen years of age received dental screenings, oral hygiene instruction and a fluoride varnish application.

Dental Sealant and Fluoride Varnish School Program for Grade One and Grade Seven

The Dental Sealant and Fluoride Varnish Program was reintroduced in Heartland Health Region schools in December 2015.

The goal of the program is to reduce and stop tooth decay by providing the following services:

- Dental health assessments
- Referral and follow-up
- Fluoride varnish applications
- Dental sealant applications

- 301 grade one and seven students at fourteen schools received dental health assessments.
- 238 grade one and seven students required sealants.
- 637 sealants were applied to six year old molars and twelve year old molars.
- 301 students received flouride varnish applications
- 301 students received oral hygiene instruction.

A total of 1,018 children in the region received a dental health assessment

School-based Fluoride Mouthrinse Program

There are presently 26 schools in the HHR that participate in the School-based Fluoride Mouthrinse Program, with 83% of the students participating in these schools.

Population Health Promotion and Public Health Nutrition

The Population Health Promotion and Public Health Nutrition programs work to effect change that improves health in the population. This is primarily done through the lens of the social determinants of health in partnership with community stakeholders and a variety of health disciplines in the health region. This ensures communities are active participants in determining the supports needed to make healthy choice the easy choice.

The social determinants of health are life factors that affect one's ability to make healthy choices. Some factors are broader than personal choice and include health services, social support networks, education and literacy, social and physical environments, personal health practices and coping skills, healthy child development, and employee working conditions.

Nutrition:

- Promote healthy growth and development of infants and through the implementation and the application of nutrition standards as a supporting piece for the Saskatchewan Child Health Clinic Guidelines for Standard Practice.
- Raise awareness about healthy food access and food security. Collaborative approaches include community gardens and education with community based groups.
- Collaborate with food banks and communities to increase people's skill and knowledge and look at sustainable long term alternatives that help build self-reliance.
- Increasing nutrition literacy. Promote overall health and healthy eating with practical behaviour change ideas using messaging via HHR website, media and social media as well as other agencies and health professionals.

Population Health Promotion:

- Support building/improving literacy skills to increase learning and communication skills in the home, work and community. This is done in partnership with regional stakeholders through packages presented to newborns and their families, creation and distribution of resources for parents to assist in preparing their child mentally, socially and academically to enter school and building capacity within communities by providing training opportunities to literacy advocates and stakeholder organizations.
- Promote prevention of drug use by youth through education, positive relationship building and resilience building skills opportunities. These include facilitating Talking To Youth Live (TTYL) workshops for grade 8 students and participating in Preventing Alcohol and Risk Related Trauma to Youth (PARTY) programs.
- Encourage healthy child development. Participate in a partnership to assist parents and care providers in building a foundation for healthy growth and development. Initiatives include early learning education/information opportunities, increased awareness of developmental

milestones and practical applications to increase attainment of these developmental milestones.

- Work towards reduction of tobacco use. Provide resources and support to those wanting to quit tobacco usage and to prevent others from starting. This includes policy development, connections to community resources and participation in the promotion of best practices on a provincial basis.
- Partner on local and provincial projects that promote the health and well-being of seniors, with a focus on maintaining independence in rural settings through community resources and infrastructure.

Better Care

Advancing Continuous Quality Improvement

In 2015-2016 the Heartland Health Region continued working to build a more patient and family centered, high quality health system that puts patients' needs, values and safety first. The organization embarked on a variety of process improvement activities, using improvement methodologies across Heartland's clinical services and programs. We continue to be committed to engaging staff in these processes. Improvement events help staff work together as a team. Better communication and better workplace environments help staff focus more on providing direct care to our clients. Our emphasis is always on promoting a culture or mind set of continuous improvement to enhance safety for our clients and staff and to improve the quality of our care.

Lean Education and Activities

As an organization, Heartland continues to develop its Management team through "Lean Leader Certification". As of March 31, 2016 a total of seven Heartland staff had completed their certification with ten staff continuing at varying stages of their certification process. Heartland also has four managers involved in the Lean Improvement Leader Training (LILT) which provides an opportunity for leaders who manage and direct care, services and processes to develop their skills and abilities so that they can lead and support Lean work at the point of care. This program is an important step on a lifelong learning journey of understanding and using improvement science in the workplace. Heartland also provided Kaizen Basics Training to an additional 88 front line care staff bringing the overall total to 436 staff completing Kaizen Basics.

Throughout 2015-2016, a total of twenty-three Lean events were held in the Region – fourteen Kaizen Basics Education sessions, two Kanban (inventory management systems) events, two Mistake Proofing Projects and two 5S events. 5S is a method used to organize a work space for efficiency and effectiveness by identifying and storing the items used, maintaining the area and items, and sustaining the new order. The 5S stands for sort, simplify, sweep, standardize and self-discipline. In addition, three Kaizen events were held to address improvement opportunities in medication management in Long Term Care, Continuing Care Assistant scheduling and recruitment and the Long Term Care Continuing Care Assistant evening shift workflow.

Continuous Improvement Highlights

Highlights of our continuous improvement efforts in 2015-2016 include a Mistake Proofing Project that was conducted in Long Term Care at the Kindersley and District Health Centre. Mistake Proofing is the use of process or design features to prevent errors or the negative impact of errors reaching clients. The team worked to eliminate errors in physician medication order processing. Nursing staff have been trained to process medication orders in a timely manner with zero defects, resulting in a significantly safer delivery of care for Long Term Care residents.

5S and Kanban events were held in the central storage area of the Unity Health Centre. This storage area held supplies for both Long Term Care and the Acute Care Unit of the facility. The results of the events were significant in inventory reduction, costs savings and the important reduction of nursing time spent ordering and managing supplies.

A 5S event was also held in the Elrose Health Centre which resulted in a space redesign which brought supplies closer to the point of care, eliminated staff walking and time spent transporting supplies to multiple areas. The team was able to reduce inventory, simplify the storage areas, re-allocate space for a larger equipment room providing an easy to access, safe area to store wheelchairs, broda chairs, walker, etc. and realize substantial one-time costs savings from this event.

Acute Care

In 2015-2016, acute care was filled with exciting initiatives that focused on clinical improvements and standardization (both internal and provincially) to improve patient care.

Heartland has been working to support the Provincial Emergency Department Waits and Patient Flows Initiative. The region has focused primarily on alleviating pressures on tertiary centers by accepting Heartland's patients back within the region sooner. This Early Repatriation Process involves looking at internal ways to ensure a bed is available for the patient; that appropriate staffing is in place to provide care; that these staff have the skill set, clinical education, equipment and medication that the patient treatment plan requires. This repatriation can take considerable coordination and involvement of an interdisciplinary team that includes Physicians, Nursing, Administrators, Clinical Education, Pharmacy, Therapies and Materials Management.

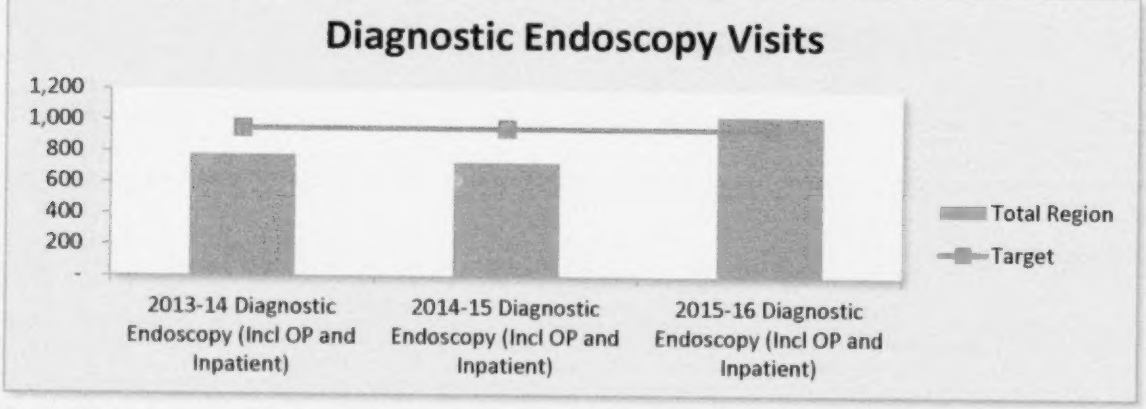
The initiative also looks at acute care bed utilization. Ensuring beds are being used appropriately, reducing lengths of stay by getting the patient to the appropriate service or home sooner as well as evaluating gaps in service has also been a focus this past year and will be a major focus in the fall of 2016 as part of the Alternate Level of Care Data Collection Provincial Project. Currently in the region Nursing and Administrative Leadership from each acute care facility is involved in bi-weekly clinical rounds with the Senior Medical Officer as well as the Director of Acute Care Services. These patient rounds explore bed utilization, barriers in appropriateness of care and provide the site with support to address challenges and ensure the client's treatment plan is progressing smoothly. In the fall of 2016 the project will focus on patients who are receiving care in an acute bed, whose treatment plan is non-acute. These patients are often waiting for another service or equipment (home care, long term care, rehabilitation or mental health/addiction treatment). The gathering of this information will assist the Provincial Health System to identify and invest in services that address these areas of need and assist patients.in accessing appropriate services.

Another initiative specific to the regions Emergency Departments is the prevention of service disruptions. Heartland Health Region has eight emergency departments. In order to have a fully operational emergency department the site needs to guarantee twenty-four hour access to Physician, Diagnostics and Registered Nursing services. As most of our communities have limited staff and physicians, coordination can be a challenge, especially with last minute illness or leave. Physician service disruptions are our largest type of disruption due to our limited Physician resources and the importance of ensuring maintenance of a healthy work /life balance. The region has reviewed our internal processes to ensure that call schedules are developed in advance to allow enough time for identified gaps to be addressed. We were pleased to have physicians willing to support this initiative and an internal locum program was created allowing regional Physicians to provide in person emergency room and acute care coverage to a community with short term lack of Physician coverage. This has reduced Physician emergency room service disruptions from 222 in 2014-2015 to 105 in 2015-2016.

Regional emergency rooms also saw some initiatives based on both Provincial targets as well as international concerns. This included the travel screening on presentation to the emergency department, implementation of the Provincial Suicide Risk Screening and assessment tools and changes to the stroke treatment plan which increased the window of opportunity from four hours to twelve hours to be immediately transported to a tertiary center for Computed Tomography (CT) scanning and appropriate treatment. Equipment, education and protocols were also assessed and a regional standard was created to ensure all eight regional emergency rooms were equipped to provide the best care possible. Enhancements, such as cardiac monitor upgrades, the addition of capnograpy and additional training on equipment, supplies, medications and protocols resulted.

Although the new Provincial Hoshins are geared to emergency and patient flow in acute care, the focus and attention to the past Provincial Hoshin – Sooner, Safer, Smarter Surgical Care continues. Heartland Health Region (HHR) continues to report their success in the utilization of the Surgical Safety Check List. We continue to work with the provincial leads to improve surgical site infection reporting and monitoring and we continue to monitor and strive to achieve the surgical targets set for the region. HHR continues to show no wait times for surgeries provided within the region, however we continue to be significantly under target for inpatient surgeries (reaching only 15%) and day surgeries (reaching only 66%). The region continues to participate in the Saskatchewan Colorectal Screening program and has been able to meet the needs of 1,034 patients requiring endoscopy services, exceeding the target of 950 patients, a significant improvement over the last two fiscal years.

Figure 11: Diagnostic Endoscopy Visits



2015-2016 was a year of standardization within the region. This standardization, as previously discussed, continued at a provincial level as well as internally. 3sHealth (who provides province-wide shared services to support a high performing, sustainable, patient and family centered health system in Saskatchewan) has had a couple projects running within our region this year.

Heartland Health Region will be the second organization in the province to go live with SMART pumps in the spring of 2016. However, the bulk of the work, both at the provincial level and within the region occurred in 2015-2016. A provincial intravenous (IV) medication delivery system was chosen and purchased from Hospira; this SMART pump (Safe Medication Administration through Technology) provides additional safety for the patient receiving medications intravenously. This provincial group purchase saved Saskatchewan Health Care funding and brought together clinical experts from across the province to create an ideal state for medication delivery. This included the development of a Standardized Provincial Drug Library that ensures that across the province, all medications are approved to be prepared and administered the same way. The SMART pumps were then programmed with this information, providing a double check process for staff administering IV medications. The pumps also limit the dose a practitioner can give, reducing medical errors by either warning or outright stopping the administration of the medication if outside the set limit.

Internally the SMART pump project took a large interdisciplinary team to prepare, including Clinical Nursing Education, Pharmacy, Information Services, Materials Management, and representatives from 3sHealth. Preparation to implement the pumps into the each clinical area; acute, home care, long term care and emergency medical services took several assessments of current equipment, future equipment needs, wireless technology and processes to ensure the SMART PUMPs could receive monthly updates through a wireless network. Standard work was created to ensure that staff knew how the updates would be received, what their accountability to the process is and how to seek changes and assistance if required.

The second 3sHealth initiative within the region was the consultation, planning and preparation phase of the Provincial Transcription Services Project. This project is aimed at improving the client experience by ensuring the flow of information is timely by using enhanced technology. Over the last year, transcription processes have been reviewed by members from across the province. Issues in technology, system breakdown, and backlog were reviewed. Turnaround times for dictated records varied across the province from days to several weeks, quite often not available until after the patient's care episode was completed. The flow of information also relied on a variety of outdated processes from a variety of different forms of technology. The provincial group has spent the year creating what they believe the ideal state, standard work and technology would look like. A Provincial purchase of MModles voice recognition transcription program occurred. This program will allow for Physicians to dial a provincial 1-866 number and dictate their reports and rather than a transcriptionist interpreting and typing the notes, the system will automatically type the words said. Thus the transcriptionist now becomes the editor, improving not only the speed but the quality of the service. The Provincial aim, within the next year is for transcribed client care records to be available within twenty-four hours, with urgent reports available within two hours. Heartland Health Region has been an early adoptor as the third Health Region to go live with the project and identifying Physicians who will trial a self-serve program that allows them to dictate, edit and distribute records on their own. It is expected the region will go live with the project in June 2016.

The region has worked hard to standardize processes to improve patient care. One of the largest projects is the creation and implementation of Patient Order Sets. These order sets are detailed standardized treatment plans specific to the patient's chief concern or disease process and set a Regional standard of care for each. The order set is designed to look at all aspects of care to ensure nothing is overlooked; from infection control, to frequency of monitoring, to standardization of tests and medications to ensure best practices and appropriateness are addressed. The order sets are created by an interdisciplinary team consisting of four Physicians, Pharmacy, Infection Control, Diagnostic Services, Nursing Leaders and Clinical Education. Patient order sets are being created for acute inpatient, emergency department, surgical care and long term care settings within Heartland. The order sets are based on the 80/20 rule; where the orders are based on the typical

treatment plan of a patient with a specific disease process (80%) yet leaves room for the Physician to adjust the treatment plan to the specific needs of the patient (20%).
Standardization has also occurred within the Laboratory Services Department. In March of 2015, the region introduced the Laboratory Informatics System (LIS) to the seven acute care sites. This system, as well as several upgrades to laboratory testing equipment, allows for a fully automated reporting of blood results directly to the ordering Physician as well as to a provincial report repository. This allows for laboratory results to be available wherever the patient flows, including within the clinic, at a specialist appointment or within the hospital setting. The delays in care are reduced as information is readily available without searching and repeat testing is also subsequently reduced. Errors in reporting are also reduced as lab values are no longer copied and handwritten to a result sheet.

The region was able to replicate a process utilized in other parts of the province and provide this enhanced service to our six smallest laboratories in the communities of Elrose, Kyle, Eatonia, Lucky Lake, Beechy and Dinsmore. Blood is now collected in these sites and transported to a LIS site for processing. These results are sent directly back to the Physicians Electronic Medical Record (EMR) and available to other members of the care team within the region and across the province.

Further laboratory standardization also occurred in 2015-2016 with the creation of test menus appropriate to the services provided in the community. HIV Rapid Testing was implemented in Kindersley and Rosetown as supports for across the region. Arterial blood gas testing equipment and education was provided in two trial sites to meet enhanced clinical practices; with planned roll out across all acute sites within 2016-2017. Formal education to ensure all laboratory staff could safely and fully provide the new test menu was completed. During this assessment the 2016-2017 enhancements were discussed and an implementation and education plan was developed to complete the Lab Test Menu standardization during the period of 2016-2017.

Further standardization occurred in the clinical education world. With the implementation of patient order sets, new clinical protocols and charting systems, it is important to ensure that the most current version is available to the staff and that these staff are not only familiar but well educated to use the form. A printing process and a Kanban delivery system was created to ensure that sites have the most current version of these clinical documents on hand, with an easy to use reordering process. This also reduced the need for each site to know what to print, distribute and store paper; further reducing the amount of forms being wasted. Clinical charts were also standardized to ensure a regional process and reduce any unnecessary forms that completion of took time away from patient care.

Ensuring excellence in patient care by meeting Accreditation Canada Standards has been a major organizational goal in 2015-2016. While ongoing work to improve is constantly underway, three major areas for improvement were identified for the organization by the Accreditation Canada Surveyors; the implementation of an antimicrobial stewardship program; the reduction of verbal orders accepted by nursing from Physicians; Pharmacist review of medication orders prior to dispensing and administration and auditing of the prophylactic treatment for patients at high risk for deep vein thrombosis or pulmonary embolism; a program called venous thromboembolism (VTE) prophylaxis. With great team effort, our organization was able to fulfill the requirements of Accreditation Canada and received full Accreditation Status through the following initiatives:

1. Stabilization of Pharmacy Services was the first step. Due to growing demands, changing practices for ordering medications, regional distribution and medication wastage control the region required additional staffing /resources to meet the needs. Pharmacy Services over the past few years had implemented strategies to reduce the cost, wastage and distribution of medications. The region was happy to reinvest these savings into the Pharmacy team, adding two full time Pharmacists and 1.5 Full Time Equivalent (FTE) Pharmacy Technicians. This team, as part of the interdisciplinary team, has worked diligently over the past year to improve our drug distribution as well as to meet Accreditation Standards.

2. Due to an inability to recruit a Pharmacist to the Kindersley and District Health Centre where the central drug distribution pharmacy was located, the team was required to move the process and the stock to Rosetown. This move involved several members from across the Region and required a great deal of coordination, planning and the introduction of an electronic inventory and ordering process prior to the physical move of the Kindersley Pharmacy to Rosetown and in return Rosetown stock to Kindersley.

3. Once stabilized, accreditation work continued with the planning and development of a Regional Remote Pharmacy Program. This program allows acute care facilities outside Rosetown to have patient medication orders reviewed for patient safety prior to medications being delivered to the patient (with the exception of urgent needs). The remote process, led by the Regional Pharmacist, involved an interdisciplinary approach where the Physician would create an order and then nursing staff would then review and scan the order and pertinent sections of the patient chart to the Regional Pharmacy in Rosetown. This scanned information is then reviewed by the Pharmacist to ensure safe and appropriate medication practices are in place specific to the patient's needs. Any concerns or need for clarification then occurs directly between the Pharmacist and the ordering Physician. Once reviewed, the remote site receives approval to proceed with medication administration along with an electronically generated medication record.

   To date, with the assistance of Clinical Education and Information Services, HHR has been able to implement this process in Kindersley, Kerrobert and Outlook accounting for roughly 62% off all acute inpatient beds to have Pharmacist review completed.

4. With this process in place we also saw improvements to the Antimicrobial Stewardship Program. Pharmacy can now readily access laboratory test results which are necessary to determine the treatment of patients requiring medication to treat infection. With this review the region can ensure that patients are receiving the most appropriate medication for the infection they have and that they receive the medication in the right dose, duration and route. This is aimed at improving the speed of recovery for the patient and allows patients to move to the safety of oral medication as soon as possible while effectively managing their disease process.

5. Venous thromboembolism (VTE) prophylaxis monitoring was the next major aim to maintaining accreditation status. Each acute inpatient is assessed for risk of clot formation, typically from the lower leg, which could either cause a deep vein thrombosis (DVT) or a pulmonary embolism (PE). Several people are already at high risk due to genetics, medications, lifestyle (such as age, renal function, birth control, smoking) and when ill in hospital, with lower than average mobility due to illness we want to mitigate the risk.

   An assessment for risk is completed to see if a patient meets the inclusion criteria, which is highly based on their ability to early ambulate. If the client is at high risk and unable to ambulate, stockings and medication (blood thinner called Lovenox – a low molecular weight heparin) is provided to prevent the formation of clots and reduce the risk of DVT and PE.

   We have created a process which easily allows physicians to assess and score the patient, to quickly go through exclusion criteria and when needed to quickly provide an order for the medication that is appropriate to age, weight and kidney function. We are monitoring those three phases closely:

   - Was the patient assessed for risk?
   - Did the patient have inclusion criteria for medical prophylaxis? If not the client is encourage to early ambulate.
   - Did the physician order the medication with consideration for the patient's age, kidney function and weight?

   This monitoring required a process to audit the ordering practices of Physicians across the region's acute care beds. Once again, the Remote Pharmacy Program has allowed for this auditing to be done in real time and immediately allow for improvements while the patient is in our care. The Pharmacist reviews the patient risk and the order provided by the Physician and addresses any need or changes that may occur. For sites without Remote Pharmacy services auditing of Physician practices occurs monthly and is reviewed with each Physician. Through this auditing process the clinical team could easily see that our risk assessment and ordering processes were cumbersome and confusing. Thus, through the patient order sets, the clinical team was able to provide a streamlined process which allows the physician to easily see exclusion criteria and inclusion criteria, followed by an easy to use clinical order for prophylaxis if needed.

6. Verbal orders provided by a Physician to nursing or pharmacy staff can increase the risk of error due to lack of clarity, misinterpretation or errors in transcribing. It is safest when the Physician writes the order his or her self. As part of our accreditation work auditing of medication orders occurred to address the issues around and reduce the number of verbal orders received from a Physician.

7. Medication reconciliation also expanded in 2015-2016 to include the reconciliation of patient medications not just at the point of admission, but at transfer and discharge as well. HHR has continued to follow the provincial process and use the provincial forms, implement and work on improvement through education, release of audit results and meetings one on one with practitioners. Medication reconciliation continues to be a challenge to make and sustain gains within the region.

Figure 12: Medication Reconciliation Compliance

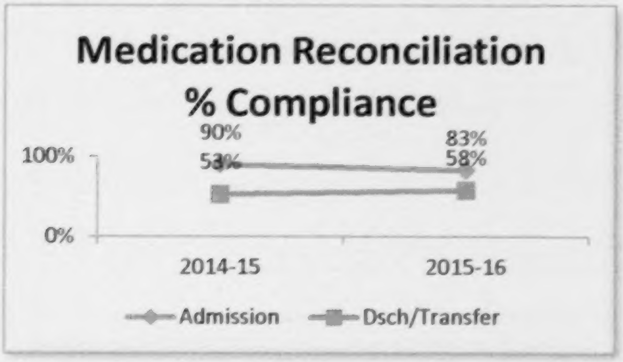


Figure 13: Medication Reconciliation on Admission to Acute Care

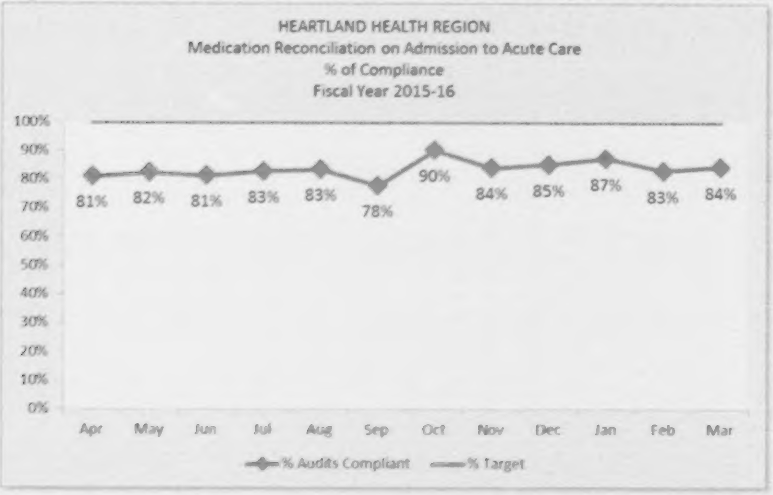
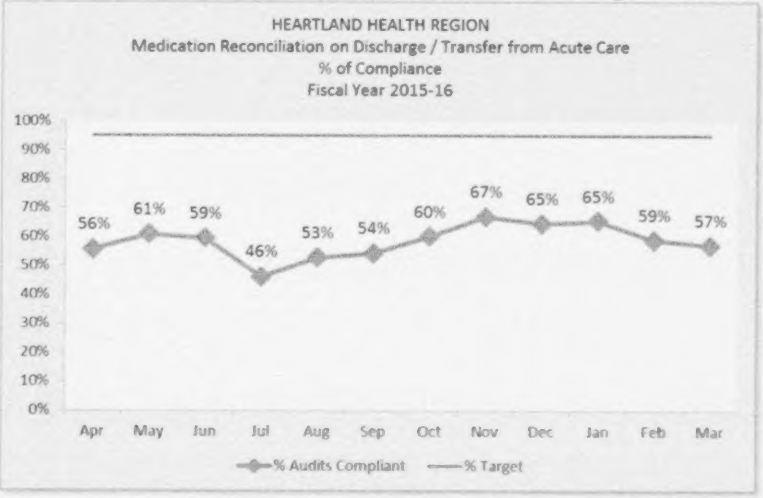


Figure 14: Medication Reconciliation on Discharge/Transfer from Acute Care



Although most projects come with challenges and barriers there are a few ongoing challenges that we have had to address in 2015-2016. The first being staffing shortages in clinical areas, specifically acute care nursing. During this fiscal year, HHR has created a relationship and process with Select Medical, a company whom provides contract nursing throughout western Canada. Currently, HHR is or has used contract nurses in Unity, Kerrobert, Kindersley and Wilkie. Contract nurses are only used when there is a significant nursing shortage. HHR must provide a full time rotation for the contract nurse. This process has worked well for both the organization and the RN staff as we have been able to continue to provide acute and emergency room services within each community, reduce the amount of strain on staff due to overtime shifts and provide time off for staff.

Volunteers

Heartland Health Region enjoys the benefit and service from over 2500 volunteers. These volunteers are managed by seven Volunteer Service Coordinators who work out of most of the communities in our region. This past year, volunteer coordinators have expanded programming by re-energizing palliative care programs in some areas and creating youth programs in both acute and long term care. Coordinators are utilizing adult volunteers to assist with acute services such as information volunteers and endoscopy clinic volunteers. Heartland continues to gain from both young and mature volunteers in our acute and long term care facilities to perform tasks such as entertainment and visiting/companionship volunteers that greatly enhance the lives of our residents and patients. Volunteers remain a vital role in the community for flu clinics, baby and wellness clinics. As always, we rely on individual and group volunteers to complete the tasks of delivery of meals on wheels and local and medical transportation programs. Heartland Health Region is grateful for all the volunteer time and energy we access and hope to continue to advance services to our communities and facilities with capable volunteers.

Patient and Family Centred Care

Client and Family Centred Care has become a principle aim of our health system since the Patient First Review "For Patients' Sake" was released and then endorsed in 2009 by our health system leaders.

It has been recognized that all health regions, including Heartland Health Region, must work diligently to engage staff to collectively create a culture to that is sensitive to specific patient and family needs and feedback in order to provide care that is truly client centered; not the traditional "system-based" model. Over the past year Heartland Health Region has been able to highlight and advance Client and Family Centered Care by involving client/family reps in the following ways:

- Participation on various regional committees and in various continuous improvement opportunities;
- Monthly speaking engagements at our Regional Health Authority Board meetings to share personal experiences within our health system;
- Incorporation of Client Family Centered Care module at our new hire Regional Orientation so all new hires are aware of this important initiative; and
- Active involvement in the provincial Patient Family Centered Care committee.

Two significant accomplishments this past year have been the formation of the region's Client and Family Centered Care Steering committee which is comprised of clients and family representatives from various locations around our region and regional employees. This committee will collectively work together to enhance our current systems so they are more client and family centered. The second was the adoption of an "Open Family Presence policy" which eliminates the traditional model of visiting hours. It is recognized that client outcomes are enhanced when family supports are able to be with a client whenever that client requests them to.

Heartland is committed to advancing Client and Family Centered Care within our region in 2016-2017 and with the formation of our Steering Committee we are confident we will be able to create positive change. If you are interested in learning more about being a part of the Client and Family Centered Care Steering committee and/or have a personal story of your experience in our regional health system that you'd be willing to share we encourage you to call 306-882-4111 ext. 0 as we'd be happy to discuss this opportunity with you further.

Privacy

This past year saw provincial and regional activity with regards to Privacy and Access. The region was advised in July, 2015 of a potential privacy breach. A full investigation revealed that an employee who had worked with the region for approximately two years, accessed personal health information in an electronic health record 1,815 times without the need to know for purposes of patient care affecting 885 patients. The individual's employment was terminated. Since 2014, all new staff to the region receive training on privacy and access to personal health information as part of their new hire regional orientation. Pursuant to the breach, the region provided enhanced staff training through a one-hour WebEx and newsletter articles regarding privacy and access to personal health information.

Amendments to "The Health Information Protection Act" (HIPA) were introduced in the Legislative Assembly. The amendments strengthen and clarify the requirements of trustees, Information Management Service Providers and their employees in protecting personal health information. They also provide the mechanism through which swift action can be taken to secure personal health information, such as patient files, if found abandoned.

The amendments to HIPA are anticipated to be in force in spring 2016. They include:

- A strict liability offence specifically aimed at foregoing the need to establish evidence of specific intent to abandon records. Once the abandonment is established and the trustee is identified, that trustee will have the onus to prove he or she took all reasonable steps to prevent the abandonment from occurring;

- Provisions that clarify that the offence provisions for intentional or willful disclosure of personal health information apply not only to trustees, but to individuals who are employees of trustees;

- A specific offence for inappropriate use of personal health information by employees of a trustee who accesses information without a need for that information – known as snooping; and

- A new provision authorizing the Minister of Health to appoint a person to take over control and custody of the records where an active trustee abandons records.

Privacy and security are provincial and regional priorities. The region has formed a regional Privacy and Security Committee to oversee privacy and security matters in the region.

Ethics

The main focus of the Heartland Regional Ethics Advisory Committee for this fiscal year was to review and revise all the ethics policies and procedures. This committee reports to the Health Authority Board through the Vice President of Primary Health and Quality Services. As part of this process, the board reviewed and approved the revised Terms of Reference. Through use of webinar and discussion, the operational policies were reviewed and subsequently approved. These include the Code of Ethics, Ethical Decision-Making, Ethics Consultation and Research and Ethics.

As part of the Research and Ethics policy, all surveys that come into the geographical area of the Health Region are required to be vetted through this committee. Therefore, as a component of this review, a standardized checklist was developed for the committee to use when reviewing surveys. Examples of the questions that are asked include:

- Has the study been approved by an Ethical Review Board (i.e. through the U of S)?
- Is participation voluntary?
- How is anonymity protected? and

- Will there be impact to Heartland resources?

Six surveys were reviewed using these criteria with all being approved for distribution within the health region.

Additionally, case studies or issues are also sent to the advisory committee for discussion. This year concepts discussed related to client autonomy, voluntary separation and client placement on the transfer list. If the case study or issue needs an Ethicist consultation, Heartland can access short consults from the Ethicist in Saskatoon Health Region. In this past year, one such consultation was done.

As co-chair of the Ethics Advisory Committee, the Director of Continuing Care as well as the Senior Medical Officer are representing Heartland on a provincial working group created to develop provincial standardizations and processes for Medical Assistance in Dying (MAID). Updates will be provided to the Ethics Advisory Committee as work continues on these processes.

Community Mental Health Nursing

In response to the need for chronic mental health nursing services in Long Term Care in the Region, a Community Mental Health position that became vacant was converted to a new position. A Behavior Support Coordinator position was created as a Pilot Project for one year. The position, headquartered in Rosetown and serving the whole region, was implemented in December, 2015. By the end of the 2015-2016 fiscal year, all long term care facilities had been visited by the Coordinator and many of the clients had been assessed. There were 32 clients who were identified as requiring the service.

The Community Mental Health Nursing staff have been running client groups to provide care more effectively to their clients such as the Coping and Support Group in Biggar and the Bereavement Support Group in Rosetown. Heartland is fortunate to have psychiatrists who visit the main centres of Rosetown, Kindersley, Outlook, Unity and Biggar on a monthly basis.

Child and Youth Counseling

In the fall of 2015, the programs Fun with Friends and Friends for Life were delivered in the Rosetown and Kindersley Elementary Schools. Child and Youth Counsellors trained in the delivery of the program partnered with teachers in the schools who delivered the programs together. The purpose of the programs is to address anxiety and depression in young children. Relationships with the Child and Youth Counsellors are fostered and children who need more support are identified. All enjoyed the experience.

A tour of the Child and Youth section of the Dube Centre in Saskatoon was very beneficial for the staff. Meeting with one of the Child Psychiatrist and the Treatment staff allowed for better working relationships. Saskatoon Health Region has been very helpful in providing support for the Child and Youth Team. A Forensic Psychologist and an Education Consultant have been very helpful in working with difficult youth.

Adult Mental Health Counselling

The Adult Mental Health Counselling Program has seen a steady increase in the number of clients accessing the program in the past fiscal year. Although there has been an increase in clients, there has been no increase in wait times. The staff have strategized as to how to address the rise in demand and have been utilizing groups to meet the need. The counsellors facilitated two Mind over Mood groups in the Rosetown area which were very successful as indicated by the evaluations. A Support Group for Caregivers was established as requested by the Biggar community. Besides utilizing groups, adult counsellors have been attending health fairs around the Region with information about Mental Health. All of the workers have presented on various Mental Health topics throughout the Region.

Addictions

In the last fiscal year, Heartland signed two Memorandums of Agreement, one with Sun West School Division and one with Living Sky School Division. The Agreements were to provide education on substance abuse in the schools. One of the purposes of the Agreements was to have an opportunity for the Addictions Counselors to create visibility so that youth knew who they were and where to obtain service as well as learning about substance abuse. Prevention was the key.

The Addictions Counselors and the Population Health Promotion staff teamed to deliver the Prevention of Alcohol Related Trauma in Youth (P.A.R.T.Y) in Kindersley, Outlook, Davidson and Rosetown along with many other community agencies such as the Sun West School Division, Funeral Homes, RCMP, and Heartland Emergency Medical Services. The Talking to Youth Live (TTYL) Program was also delivered in November in Kindersley and Outlook. The team spent the spring/summer developing the school curriculum for the Memorandums and updating the TTYL and PARTY materials. A Power Point library of presentations was created that will be offered on a rotational basis throughout the Region. Presentations were also made internally to the Community Mental Health Nurses and the Adult Counsellors regarding substance abuse.

At the end of September, the Clinical Supervisor for Addictions and a presenter from Prairie North Health Region presented the Applied Suicide Intervention Skills Training (ASIST) program regarding Suicide education. There was also a safeTalk presentation about preventing suicide in Kyle.

Autism

The Autism program was successful in recruiting to two positions that presented retention issues in the past.

- A Speech Language Therapist was recruited in October, 2015. The position is headquartered in Kindersley, but serves the entire Region for Autistic children with speech language issues. To provide services closer to home, two clinics were established – one in Rosetown and one in Outlook.
- A Pediatric Occupational Therapist joined the Autism Team in November, 2015. This position is headquartered in Unity with the majority of the team. Services are also being provided to children who are not on the autism caseload but have occupational therapy needs.

There is an expectation that with the two therapists recruited, dependence on contract services will be reduced. The Autism program continues to offer respite and support for parents, social groups and activities to address the socialization issues that most autistic children have.

Therapies

The Regions sent staff for training for the Provincial Lymphedema Program, and with the distribution of equipment, Heartland implemented the service. The lymphedema program has been utilized by Physicians for their clients, and referrals have been made directly to the Therapies Department.

One of the needs of the Rosetown Therapies program was for parallel bars for clients who are having mobility issues. The Ositis Foundation provided the funding for the purchase of the parallel bars.

West Central Play-Mobile Inc.

The West Central Play-Mobile Inc. became a Non-Profit Corporation in October, 2015. The incorporation was a result of the work of the Early Years Coalition Committee. The corporation's mission is: To provide information, support and encouragement parents need to help their children develop optimally during the crucial early years of life. The program had applied for a Community Initiatives Grant which was received and provided the start-up money for the program. From the funds, equipment and supplies to set up interactive displays were purchased. The Kids First Community Developer is the operator of the program. A schedule for her to travel to communities was set up starting in the Outlook/Dinsmore area. The program will be evaluated for effectiveness and uptake by communities.

Telehealth

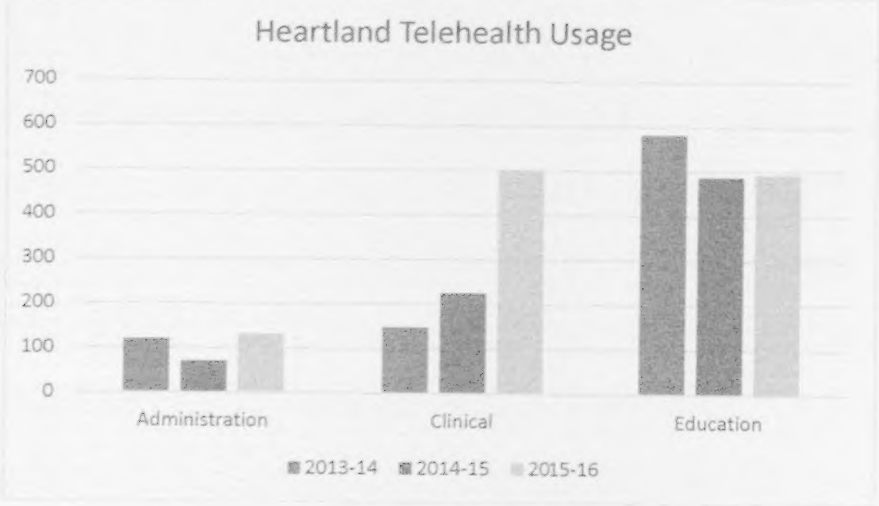
Telehealth services includes clinical programming with access to specialists or other health care providers without leaving your home community utilizing secure video conferencing as well as diagnostic peripherals (tele-stethoscope and patient exam camera); educational programming such as chronic disease management for the public and administrative programming which allows staff to attend meeting or training sessions and reduce regional travel.

Heartland has a well-established Telehealth video conferencing program in eleven communities including Kindersley, Kyle, Rosetown, Outlook, Unity, Biggar, Davidson, Eston and Macklin. With the support of the community and the region we have also been able to expand our Telehealth services to Kerrobert and Lucky Lake this year.

In 2015-2016 we saw an increase of 123% in Telehealth use for clinical appointments. Our year end statistics also show a total of 173,134 kms saved by patients and families in Heartland. We also saw a savings for Heartland providers' travel of 9,454 kms.

We continue to work closely with the Telehealth Saskatchewan team to continue to make advancements in technology to support our rural hospitals. We also work closely with the communities to continue to expand the Telehealth services to all sites within the region.

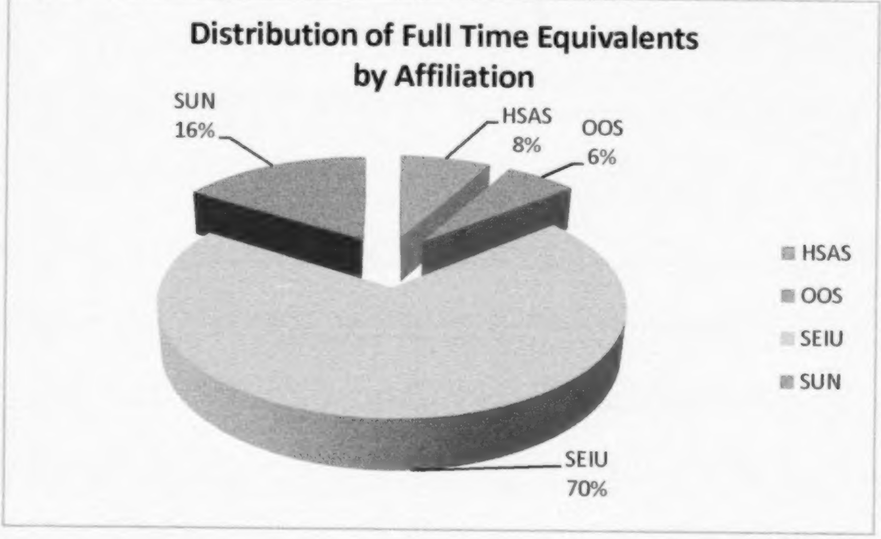
Figure 15: Telehealth Usage



Better Teams

The Heartland RHA and its affiliate (St. Joseph's Health Centre, Macklin) employed 1,915 people in positions equaling 1,122.36 Full-Time Equivalents (FTEs) in 2015-2016 (Figure 16). The majority of employees (780.59 FTEs) belonged to the Service Employees International Union (SEIU), while 182.69 FTEs are represented by the Saskatchewan Union of Nurses (SUN). The Health Sciences Association of Saskatchewan (HSAS) and out of scope (OOS) positions accounted for 94.04 FTEs and 65.03 FTEs, respectively. The region was home to 30 physicians on March 31, 2016.

Figure 16: Distribution Full Time Equivalents by Affiliation 2015-2016



The Heartland Health Region is very fortunate to have a stable and loyal workforce that is committed to providing quality healthcare services to residents within the Region.

Recruitment and Retention

Employees are vital to the success of this organization and the larger provincial healthcare system as well. Employees suggested the Employer support Continuing Care Assistant (CCA) education and provide meaningful employment for CCAs. The region recognizes the challenging, important work and care that CCAs provide to clients in our health system and wants to support staff as they obtain the training that is required to be a CCA in Heartland Health Region. Heartland Health Region has acted on two creative solutions to CCA staff shortages:

1. "Learn While You Earn" – This is an initiative to support staff as they pursue their educational goals. The Region partnered with Great Plains College to be able to offer a "Learn While you Earn" program. HHR pays the upfront tuition costs for employees enrolled in the CCA course and employees repay the region through payroll deduction
2. CCA Relief Positions - Relief positions provide a number of benefits including permanent employment opportunities, increased scheduling flexibility, and additional capacity for staff replacement, maximizing the ability for CCA staff to access time off from work, have less

overtime, and therefore an improved work/life balance. A one year trial of CCA relief positions in the Kindersley and District Health Centre began February 7, 2016. Two 0.75 full-time equivalent (FTE) positions were created. The effectiveness of a relief position is evaluated by the ability of employees within the department to access vacation banks, reduce overtime hours and costs, and any additional costs associated with the relief position working in a supernumerary capacity.

A creative solution to dietary staff shortages involved the region partnering with the Saskatchewan Tourism Education Council (STEC) to offer the online cook upgrading program to qualify our current workforce as Assistant Cooks or Cooks in an affordable and online manner. Cook positions in health care require the Journeyperson Cook qualification; Assistant Cook positions require a one year cooking education program or equivalent. This education is not readily available in rural Saskatchewan and often is not affordable. This course began April 4, 2015 and 14 regional dietary staff are enrolled in this program. The course will be offered again in September, 2016 provided there are 20 participants. Conditional hires to Assistant Cook positions will have four years to obtain the required education. Conditional hires to Cook positions will have seven years to obtain the required education.

Recruitment Bursaries and Professional Growth

Heartland offers a Student Bursary program. The purpose is to recruit and retain needed health care professionals to meet the needs of the people within the region. The Heartland Health Region Bursary is offered to students in a variety of health disciplines such as those studying to become Registered Nurses, Registered Psychiatric Nurses, Primary Care Nurse Practitioners, Physical and Occupational Therapists, Licensed Practical Nurses, Lab/X-Ray staff and EMS personnel. In return for this assistance, a bursary recipient must commit to work within the health region. These bursaries are available to members of the public and to existing Heartland employees who are advancing their health care education.

In 2015-2016, Heartland offered student bursaries and 17 students have signed a return for service agreement. Those 17 students consist of two Registered Nurses, one Registered Psychiatric Nurse, 10 Combined Laboratory/X-Ray Technicians, and four Primary Care Paramedic students.

Representative Workforce

The Region is committed to creating a workforce that is representative of the communities it serves and has an established Aboriginal Employment Development Program. The purpose is to promote healthcare careers to the aboriginal population and then to manage a workplace that originates from a variety of ethic cultures. The Heartland Regional Health Authority (HRHA) signed an Aboriginal Representative Workforce Agreement in 2005. A Representative Workforce is where Aboriginal people are employed in all classifications at all levels in proportion to their representation in the working age population. Aboriginal Awareness Training is provided to all staff and as of March 31, 2016, 784 current employees have received this training. As a means to monitor our progress in creating a diverse Representative Workforce, staff are surveyed to self-identify aboriginal ancestry. Self-identification surveys are provided to all new employees at regional orientation and all staff has online access to the self-identification feature of myINFO within Gateway Online.

Figure 17: Aboriginals Living in Heartland Health Region (HHR)

# of Aboriginals living in HRHA (Source: Statistics Canada, National Household Survey 2011)	1,250
Total population living in HRHA (Source: Ministry of Health 2015 Covered Population)	44,256
% of Aboriginals living in HRHA	2.8%

To adhere to our definition of representative workforce, our target for aboriginal representation is 2.8%. This portion of our total employees for the beginning of the fiscal year was 53. The number of self-identified Aboriginals working in Heartland Health Region as of March 31, 2016 is 49 (2.6%). We have advanced towards our target for the 2015-2016 fiscal year.

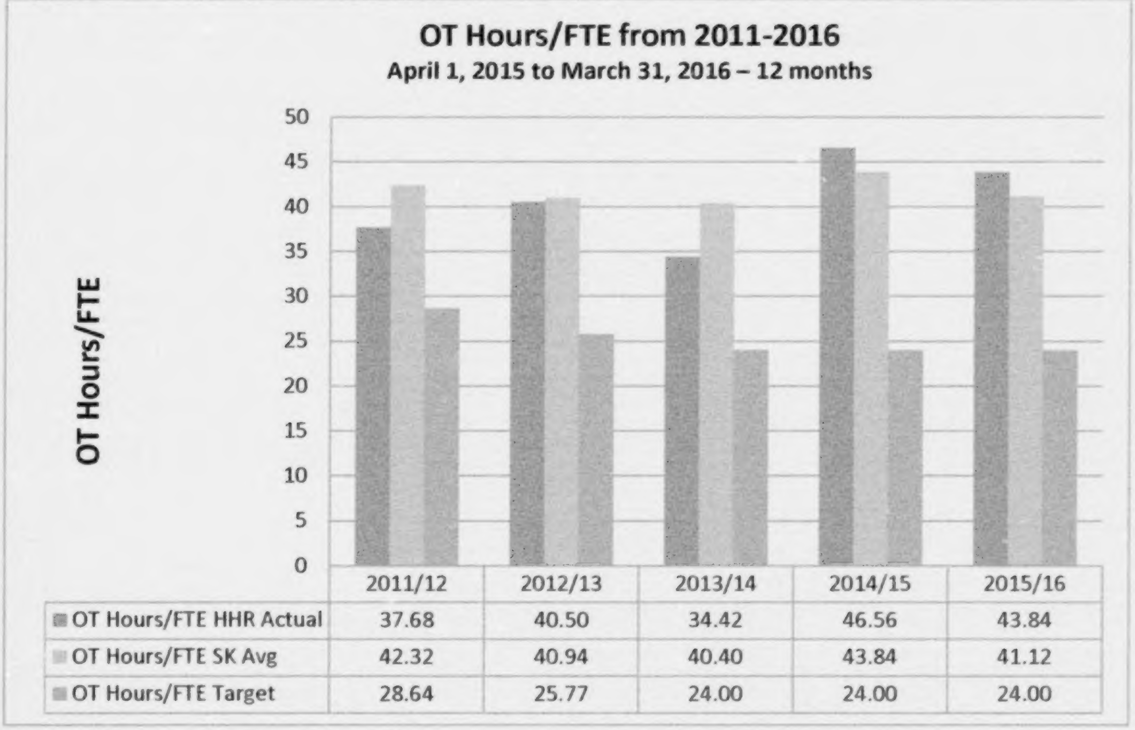
Attendance Management

Overtime (OT)

Health Care Employers have been challenged by the Ministry of Health (MoH) to reduce overtime hours and costs within the health care system. Excessive overtime is an expensive way to operate a business and is not an efficient or value-added use of public funds. Achieving financial health is important for everyone in the Heartland Health Region – employees, managers, leaders, and the people we serve.

Heartland did not meet our target for overtime reductions for 2015-2016. Our overtime target was 24 hours/FTE and actual was 43.84 hours/FTE (49,209.02 hours). This is a decrease of 2.72 hours/FTE (2,326.56 hours or 4.5%) overall from 2014-2015 when we were at 46.56 hours/FTE (51,535.58 hours). The Saskatchewan average was 41.12 hours/FTE in 2015-2016.

Figure 18: Overtime Hours (OT)/FTE 2011-2016



	2011/12	2012/13	2013/14	2014/15	2015/16
■ OT Hours/FTE HHR Actual	37.68	40.50	34.42	46.56	43.84
■ OT Hours/FTE SK Avg	42.32	40.94	40.40	43.84	41.12
■ OT Hours/FTE Target	28.64	25.77	24.00	24.00	24.00

Heartland's OT hours have in the past been below the Saskatchewan average; this is the second year in five years that our OT has been higher than the Saskatchewan average. Significant factors in the increase in OT are a shortage of staff in rural areas, particularly relief/ replacement staff and a lack of availability for call-in work.

OT hours for 2014-2015 and 2015-2016 by union affiliation and including Out of Scope (OOS) and total OT hours are identified in the table below:

Figure 19: OT Hours by Affiliation

	2014-2015		**% of OT Hours**	**2015-2016**		**% of OT Hours**
	OT Hours	**OT Hours/FTE** Target = 24.0		**OT Hours**	**OT Hours/FTE** Target = 24.0	
SUN	9,144.21	50.85	17.7%	9,612.09	52.66	19.6%
SEIU	34,994.49	45.27	67.9%	31,518.99	40.38	64.1%
HSAS	7,045.98	81.47	13.7%	7,827.86	83.24	15.9%
OOS	350.90	5.22	0.7%	241.08	3.71	0.5%
Totals	**51,535.58**	**46.56**	100.0%	**49,209.02**	**43.84**	100.0%
SK Avg.		43.84			41.12	

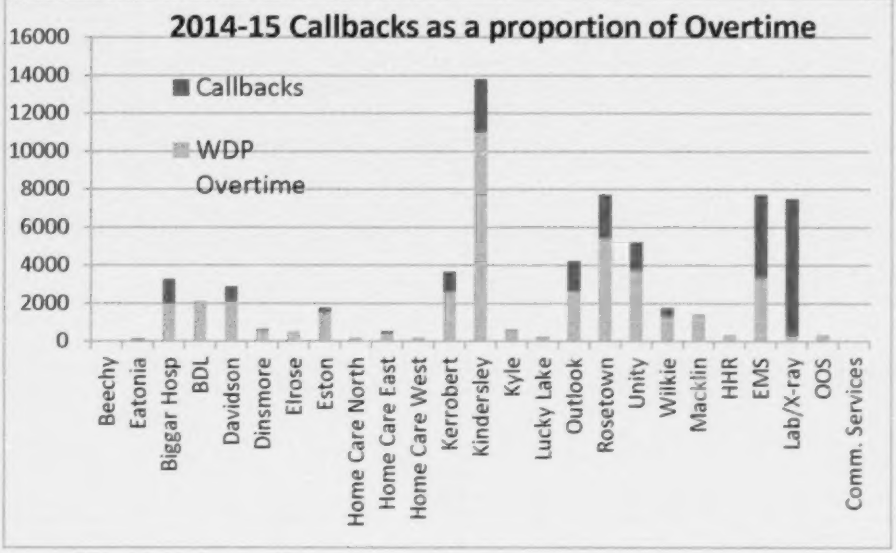
2015-2016 overtime costs are identified in the following table; along with the percentage of overall HHR overtime hours and costs for each department or service:

Figure 20: Overtime Hours and Costs per Department

Department/ Service	Overtime Hours/FTE Target = 24.0	Annual Overtime Hours	Annual Overtime Costs (OT $s, not Base)
RN	52.66	9,621.09 (19.6%)	$406,240.23 (31.1%)
CCA	42.95	13,170.56 (26.8%)	$273,766.99 (20.9%)
Lab/X-Ray	209.12	8,998.69 (18.3%)	$246,432.44 (18.8%)
LPN	48.85	4,308.92 (8.8%)	$135,186.12 (10.3%)
EMS	189.81	8,015.13 (16.3%)	$153,839.78 (11.8%)
Dietary	29.52	2,958.07 (6.0%)	$56,525.28 (4.3%)
All other depts./services	n/a	2,136.56 (4.3%)	$35,891.80 (2.7%)
Regional Totals	**43.84**	**49,209.02**	**$1,307,882.64**

EMS and Diagnostic Services have some unavoidable overtime (call-backs) as this represents the normal method of provision of emergency/urgent care. 28.7% of HHR's overtime hours are due to call-backs. WDP in the chart below indicates wage driven premiums.

Figure 21: Call-backs as a Proportion of Overtime

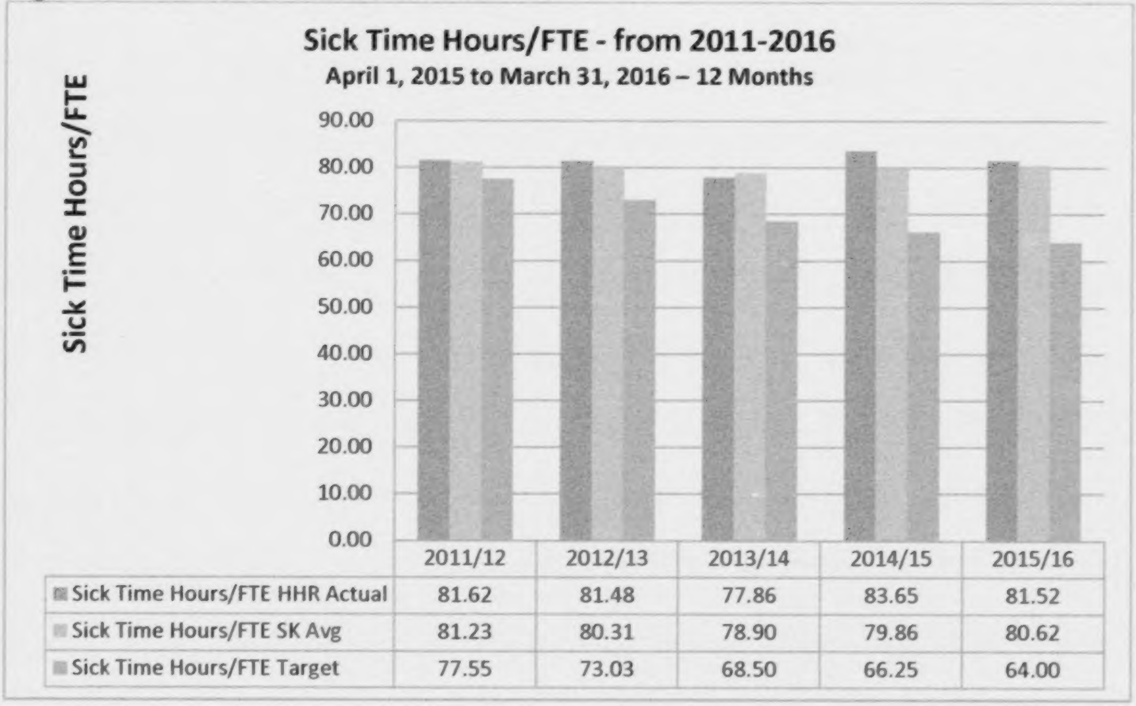


The target for Heartland's overtime for 2016-2017 remains 24.0 overtime hours per FTE.

Sick Time (ST)

Heartland did not meet our target for sick time reductions for 2015-2016. Our sick time target was 64.0 hours/FTE and the actual was 81.52 hours/FTE. This is a decrease in sick time hours/FTE from 2014-15 when hours/FTE were 83.65. The Saskatchewan average was 80.62 hours/FTE in 2015-16.

Figure 22: Sick Time Hours/FTE 2011-2016



	2011/12	2012/13	2013/14	2014/15	2015/16
▩ Sick Time Hours/FTE HHR Actual	81.62	81.48	77.86	83.65	81.52
▩ Sick Time Hours/FTE SK Avg	81.23	80.31	78.90	79.86	80.62
▩ Sick Time Hours/FTE Target	77.55	73.03	68.50	66.25	64.00

Figure 23: Sick Time (ST) Hours by Affiliation 2015-2016

	ST Hrs (Paid)	ST Hrs (Paid & Unpaid)	Hours/FTE Target = 66.25	ST Hrs (Paid)	ST Hrs (Paid & Unpaid)	Hours/FTE Target = 64.0	% of ST
SUN	16,545.53	16,939.13	92.00	14,704.48	15,263.30	76.29	13.5%
SEIU	70,086.82	91,759.92	90.67	71,062.48	89,727.87	85.07	79.3%
HSAS	5,289.94	5,507.55	61.17	5,517.04	5,674.33	57.70	5.0%
OOS	2,631.55	2,676.30	39.13	2,517.22	2,517.22	38.58	2.2%
TOTALS	**94,553.84**	**116,882.90**	83.65	**93,801.22**	**113,182.72**	81.52	**100%**
SK Avg			79.86			80.62	

The target for Heartland's sick time for 2016-17 is 64.0 sick leave hours per FTE.

Occupational Health and Safety (OH&S)

Heartland Health Region is committed to providing a safe work environment for all workers while providing quality client care. Heartland Health Region is working alongside all other health regions in the province to meet the provincial goal of "no harm occurring to clients or workers by March 31, 2020". There are a number of initiatives underway to meet this goal:

- A self-assessment of our current client and worker safety culture has been completed as we prepare to develop and implement a model of a safety alert system. This type of system would support workers and clients to immediately report any potential or actual unsafe situation that may affect them with the expectation they would receive follow-up in a certain time frame, depending on the severity of the reported incident.
- Implementation of the six elements that comprise the Safety Management System across the region. The purpose of the safety management system is to identify, eliminate, and control hazards that all contribute to a sustained system that protects the health and safety of our workers.
- Ensuring all workplace back/shoulder incidents are investigated to determine what the causing factor was.

Heartland's OH&S department is in a good position to have the Safety Management System in place by the end of the 2016-2017 fiscal year which will provide a foundation for a solid safety culture. We recognize we have a lot of work ahead however we continue to sustain initiatives that guide us to achieving our goals including: encouraging employees to report incidents and participate in thorough investigations of those incidents; reviewing all worker incident reports that are submitted and working with that worker and the local site to make corrective actions so that the incident does not recur; sharing examples of learnings from workplace incidents that have occurred as learning opportunities to raise awareness with all employees; expecting regular workplace inspections with follow-up; support for local OH&S Committees in all sites; and timely employee support by our Employee Wellness Nurse. Our Employee Wellness Nurse provided one to one follow up with 308 Heartland employees after they were involved in a workplace incident. This follow up is important so that employees are assured their safety is important to the organization and we want to work collaboratively with them to find solutions.

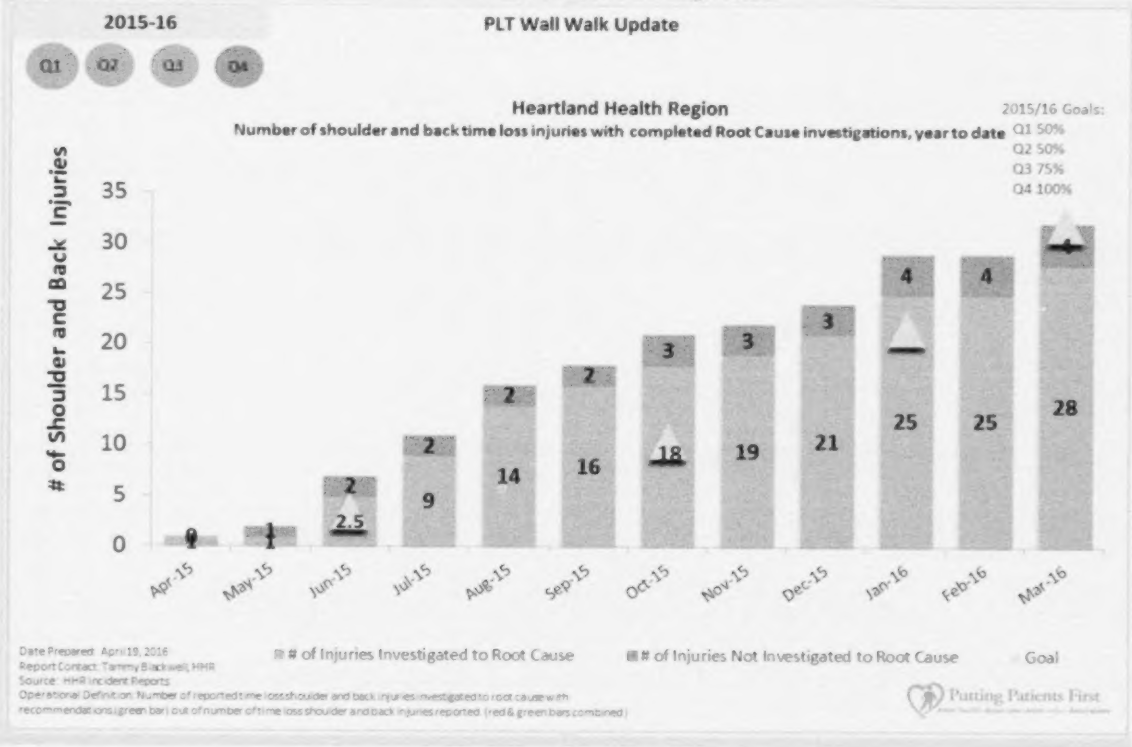
Another initiative of the OH&S department is providing ergonomic assessments of employee workspaces. This year a total of 17 assessments were conducted and recommendations were provided on how to improve workstations.

The OH&S department continues to provide regular safety-related training to regional employees such as: Saskatchewan Association for Safe Workplaces in Health (SASWH) Safety for Supervisors education to all Heartland staff who have supervisory responsibilities so they are prepared to manage those responsibilities when required of them; Personal Assault Response Training; Transferring, Lifting, and Repositioning; Workplace Hazardous Materials Information System (WHMIS); and Level 4 Personal Protective Equipment donning and doffing.

Heartland Health Region has active Occupational Health and Safety Committees/Representatives in each facility and office that meet quarterly to enhance the culture of safety by investigating workplace incidents, performing worksite inspections and promoting OH&S.

Below is a graph depicting the number of time loss back/shoulder injuries that occurred this year and the corresponding investigations that occurred on the incidents.

Figure 24: Number of Shoulder and Back Time Loss Injuries



Date Prepared: April 19, 2016
Report Contact: Tammy Blackwell, HHR
Source: HHR incident Reports
Operational Definition: Number of reported time loss shoulder and back injuries investigated to root cause with recommendations (green bar) out of number of time loss shoulder and back injuries reported (red & green bars combined)

Figure 25 illustrates the number of the incidents reports received by the Heartland Health Region's OH&S department. There were no Code 4 incidents so they are not represented in Figure 25. An explanation of the Codes is listed below:

Code 1:

- Any near miss for the potential for First Aid treatment required for injury or harm (Near Miss means the incident/injury almost happened but it was stopped in time so it didn't actually occur)
- Any injury requiring First Aid treatment at the facility but not treated by a Physician
- Any incident from a client's aggression that is due to aging or a disease process

Code 2:

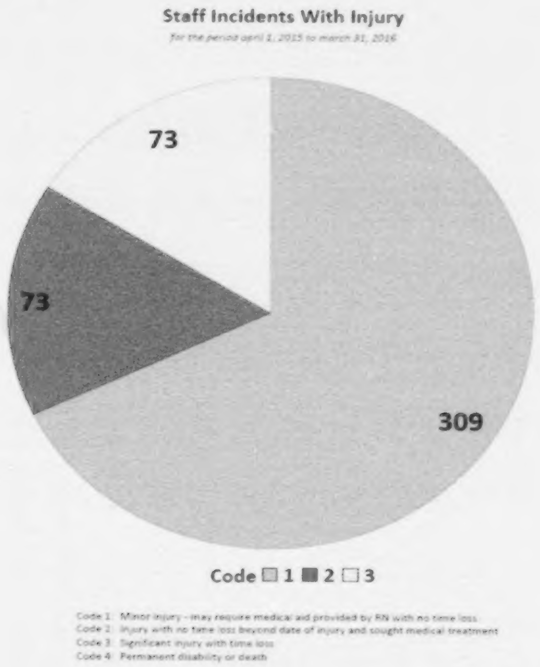
- Near Miss for the potential for Medical Treatment

- Medical Aid- requires treatment with no lost days following the injury (ex. an employee may have sustained an injury which was treated however they didn't lose any work time due to that injury)
- Exposure to suspected toxic/infectious substance
- Threatened violence/aggressive behavior not due to aging or a disease process Code 3: Near Miss to any dangerous occurrence (as defined by the Occupational Health and Safety regulations)
- Lost time injury that required medical attention and time at work was lost following the injury
- Exposure to a verified toxic or infectious substance
- Intentional physical violence not due to disease process
- EMS highly stressful incident requiring Critical Incident Stress Management

Code 4:

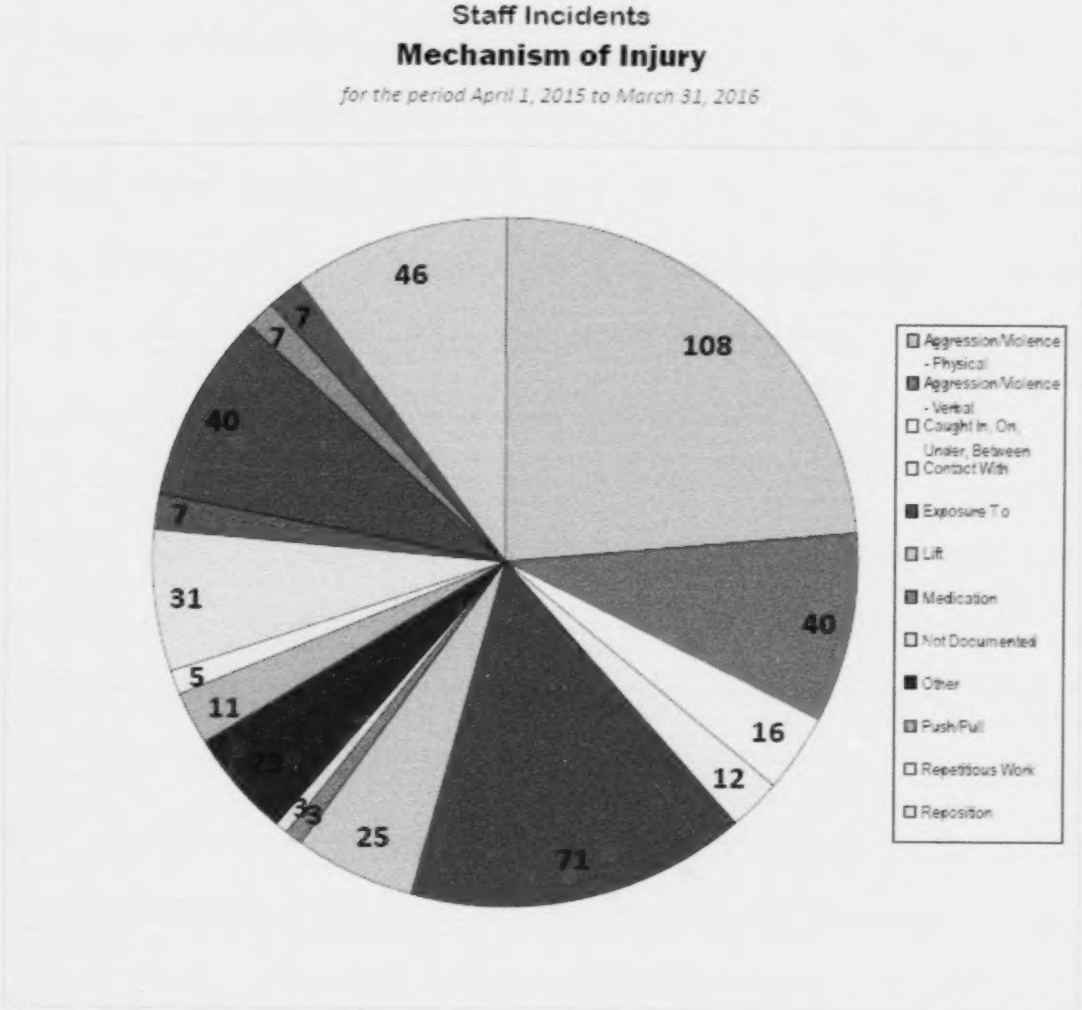
- Serious bodily injury
- Permanent disabling injury from an acute mechanism of contact (ex. Paralysis or amputation)
- Fatality
- Confirmed viral contraction (ex. HIV, Hepatitis B or C)

Figure 25: Staff Incidents with Injury



The graph below illustrates the types of workplace incidents that workers were exposed to in 2015-2016.

Figure 26: Staff Incidents Mechanism of Injury



Employee Wellness

The Heartland Health Region strives to promote a healthy, safe and productive work environment. All employees are valuable and necessary components of the team of health care providers and have a responsibility to maintain their own health and well-being and to ensure their regular attendance at work.

Fun
Healthy Food
Mental Health
Work/Life Balance
Physical Activity
HEARTLAND EMPLOYEE WELLNESS

The Employee Wellness Committee (EWC) is instrumental in addressing and improving employee health. The EWC is accountable for researching, planning, developing, evaluating and recommending programs for the enhancement of personal and workplace health and wellness among Heartland Health Region employees. The Employee Wellness Committee is a committee composed of various Heartland Health Region Employees that meets quarterly by teleconference. The committee is under the direction of the Vice-President of Human Resources, the senior leadership (sponsor) from within Heartland Health Region. Employee Wellness Workplace Champions are in place in facilities and programs are supported by the Regional Committee.

The EWC conducted an Employee Health Interest survey to assess the current level of individual and organizational health and to determine staff preferences, attitude and need for health promotion. That survey is now how the EWC determines what initiatives/programs will be run through-out the year. In 2015-16 the EWC focused on developing a stronger program for all staff and continues to make connections with other regions to provide wellness information to Heartland employees. In June 2015, this group hosted an Employee Wellness Day in Rosetown which focused on providing crucial health information to staff within the areas of physical activity, nutrition, mental health, and work/life balance. The Employee Wellness Day continues to grow and feedback from staff is positive and appreciative of the event. This group also assisted with and attended various Employee Appreciation Events held in June, 2015 throughout the Region. It is the EWC's goal through these initiatives and attendance at Employee Appreciation Events to foster a greater sense of team work and collaboration within the region while promoting healthy lifestyles in a healthy workplace setting.

The EWC is also the driving force to ensure that staff is aware of and able to access Heartland Health Region's Employee and Family Assistance Program (EFAP). In collaboration with the (EFAP) provider, Shepell, the EWC is reaching out to each work-site to identify what specific needs are arising. Shepell's Employee Support Services help our organization, our employees and their families resolve work, health and life issues that can interfere with productivity and engagement.

Clinical Nursing Education (CNE)

Clinical education had further enhancements and improvements this year. Through Infection Control funding a half time clinical nurse educator position was hired. This position allowed for the Clinical Nurse Education team (now 4.5 FTE) to support the solo Infection Control Practitioner with several initiatives including: Hand Hygiene auditing and support; outbreak management education (including appropriate care strategies specific to the type of outbreak, lay out of the facility, staffing patterns and patient/family education); support to the clinical staff during an outbreak; development of education to support and prevent hospital acquired infections such as Vancomycin Resistant Enterococci (VRE) and Clostridium Difficile (C-Diff).

A second enhancement came in the form of the permanent addition of Clinical Resource Nurses (CRN) in Rosetown, Kindersley and Biggar. The CRNs are practice advisors, tasked with assisting at the site level with the implementation and monitoring of clinical initiatives developed and taught by the CNE program. The CRNs are given support and targets from the CNE team as well as continuing to provide support to site specific initiatives identified by the Care Team. In 2015-2016 the focus for the CRNs was Long Term Care (LTC) initiatives such as pressure ulcer prevention, falls reduction, medication reviews and purposeful rounding. Tremendous results have been seen with this focused attention in both the client care results and the support given to other clinical staff in the area enabling them to be able to take their educational learnings and implement into practice. CNE was also excited to support the orientation of staff to the two new LTC facilities which opened in Biggar and Rosetown and the new integrated facility in Kerrobert in 2015-2016. In Biggar, CNE was also available to address the educational needs and provide the training and support to RN and LPN staff that are now integrated and providing care for LTC and Acute patients. This is an overwhelming but important process which allows nursing staff to be able to safely provide care throughout the facility as needed.

Clinical Nursing Education has also continued to excel at programming, developing and providing education to nursing staff throughout the region. Here are some highlights of the year:

- In 2015-2016 the CNE program hosted 96 new Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Continuing Care Aides (CCAs) through regional clinical orientation, a program developed to ensure core training on regional policies, protocols, equipment and charting.
- Gentle Persuasive Approach™ (GPA) was also delivered to 96 staff throughout the Region, continuing on with the goal to promote excellent, client centered care in the Long Term Care setting.
- Foot Care Modalities, a course designed to care for the feet of the elderly and at risk population, was offered with 38 staff certified.
- Wound care training, a major focus within the region, certified 116 RNs and LPNs.
- 133 staff were certified in the care of the cardiac patient either through Intermediate Life Support (ILS), Advanced Cardiovascular Life Support (ACLS) or cardiac monitoring.
- Obstetrical training was offered through Fetal Health monitoring (13 staff); care of the laboring patient (14 staff); stabilization of the newborn or care of those at risk (7 staff) and newborn resuscitation (11 staff) to RN staff in Kindersley and Rosetown. The Nurse Assisted Emergency Room Delivery program was trialed this year to support RNs working in sites without obstetrical services who may receive a patient with imminent delivery. This course was well received by 14 RNs from six different sites. Emergency Room training was provided to 19 Nursing staff, with an additional 16 Nursing staff receiving advanced trauma nursing. Another 12 RNs were certified in the Emergency Care of Pediatric Patients.
- Regional training covers topics specific to the needs of HHR patients, accreditation, and nursing requests and was offered in eight hour long sessions to 181 RNs, 108 LPNs and 314 CCAs. Topics for 2015-2016 included Deep Vein Thrombosis prevention, updates to IV medication administration practices, the use of standardized order sets, the use of Lexicomp (an electronic tool designed to support nurses in the safe administration of medications as well as standardized teaching to patients going home on new or adjusted medications), Glucose Monitoring recertification and updates to the legal aspects of receiving consent.

Physician Resources

Throughout 2015-2016 Heartland Health Region, its physicians and its communities have continued to work collaboratively to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Physician shortages at various times can continue to be a challenge for some communities. Through coordinated efforts with stakeholders to address current and future recruitment plans, models of care, and a regional locum program, all of the vacancies have been filled throughout the region.

The region continues to dedicate resources to welcome and settle new recruits. Eston, Davidson, Outlook and Kindersley have welcomed new physicians to their communities in 2015-2016.

Figure 27: Dr. Dabiri

Dr. Tokunbo Dabiri began practicing in the Eston Medical Clinic in June 2015. He completed his clinical field assessment through the Saskatchewan International Physician Practice Assessment (SIPPA) in the communities of Rosthern and Warman in May 2015. He moved to Saskatchewan from Toronto where he and his family lived for the past four years. Dr. Dabiri is from Nigeria and completed his schooling for Medicine in Nigeria. He has been a physician since 1996. His interest is in Family Medicine but he also has an interest in Pediatrics as well.

Figure 28: Dr. Tasveer

Dr. Shagufta Tasveer commenced her Family Medicine practice in the Kindersley Medical Clinic in November 2015 following completion of the SIPPA Program. She is currently practicing Family Medicine in Kindersley. She was an Obstetrician in Abu Dhabi for 10 years prior to coming to Canada. She obtained her medical training in the United Kingdom and India.

Figure 29: Dr. Alshaar

Dr. Waheeb Alshaar began practicing in the Outlook Medical Clinic in March 2016. He completed the SIPPA program with his field placement in Esterhazy in December 2015. Dr. Alshaar became a physician in 1996 after completing his studies in Syria. He worked as a physician in Syria until he came to Canada in 2011 with an interest in learning more about Western Medicine. He is currently practicing Family Medicine in Outlook and has a special interest in Surgery and Ear Nose and Throat (ENT).

Figure 30: Dr. Arowolo

Dr. Modupe Arowolo started practicing in the Craik Health Centre in October 2015. She completed the SIPPA program and her field placement in Weyburn in September 2015. Dr. Arowolo has been a physician since 2000 after completing her schooling in Nigeria. She is currently practicing Family Medicine in Craik and Davidson.

The Heartland Health Region and the communities of Davidson, Eston, Outlook and Kindersley welcome these new physicians to the area.

Better Value

2015-2016 Financial Summary

Heartland Health Region ended the 2015-2016 fiscal year with a $318K operating surplus after capital commitments including mortgage payments, and energy performance contract loan payment. The Region was able to transfer the entire operating surplus to the capital fund for future capital equipment and projects. The surplus is down 59% from the previous year surplus of $779K.

The Region worked through discretionary spending restrictions, significant vacancy management, revenue administration, utility efficiencies, general facility and service reviews and procurement savings through provincial contracts in order to balance. Without the one-time revenue and savings the region received the pressures from continued budget restraint may have sent the region into a deficit.

The Region's Operating Working Capital increased to .9 days from .8 in 2014-2015. This was mainly due to $1.1M long term investments moving to short term.

Revenues:

Total operating revenue for the region was $107.6Million. Overall, 87.6% of the operating fund revenue was provided by funding from the Ministry of Health. The region's revenues were $1.9M over budget or within 1.8%. This overage was mainly due to Ministry targeted support for areas included settlement of the Health Sciences Association of Saskatchewan (HSAS) and the Saskatchewan Union of Nurses (SUN) contracts $1M, Saskatchewan Medical Association (SMA) contract and leap year. In addition a one-time payment of $622K as our share of the 2015 excess surplus distribution from Workers Compensation Board (WCB) provided welcome support. Client revenues in Long Term Care, Emergency Medical Services (EMS), Home Care and reciprocal billings were over budget by $371K. The region however also had a one-time $283K base recovery in October by the Ministry.

The region saw a decrease in LTC empty beds overall, an average of 18.25 per month as compared to a 21 average in 2014-2015. EMS revenues were up as trips were also up nineteen from 2014-2015 despite continued service disruptions.

Expenditures

Expenses were up 3.4% over 2014-2015 mainly due to Service Employees' International Union (SEIU) salary lift and the settlement of the HSAS, SUN and SMA contracts. The region also expensed an adjustment to the vacation liability for Union premium gross earnings of $529K, $444 being previous year's expense. Overall expenses were on budget within 1.3%, despite continued struggle with meeting our Attendance Management targets as reported earlier in this report. Offsetting this, the region saw significant vacancies in our Community Services and Regional support positions.

41.4% of the operating budget was spent on Inpatient and resident services (Acute and LTC), 25.2% on support services (Housekeeping, maintenance, dietary etc.), 9.4% on Diagnostic and Therapeutic services, 3% on physician compensation and 21% on Community Services.

Other significant variances from Schedule 1, Schedule of Expense by Object Code:

- Benefits- surplus due to $247K savings due to a dental premium vacation of 4 months
- Drugs- deficit due to new required drugs to be kept in stock and 0% inflationary increase.
- Medical & Surgical- deficit due to budget restriction; no inflationary increase given despite previous year deficit and price changes. Continued focus on implementation of centralized ordering and distribution including a review of site inventory management
- Food - deficit due to budget restriction; no inflationary increase given despite previous year deficit and continued price increases in protein and fruits and vegetables.
- Repairs & Maintenance—deficit due to general repairs and renovations up and insurance repair in Davidson.
- Utilities – overall $134K surplus due to a warm winter, energy consumption significantly down from previous year

The region provided funding to its affiliate, St. Joseph's in Macklin and to health care organizations, Bridgepoint Centre for Eating Disorders Inc. and Canadian Mental Health Association. (Note 10b in the Financial Statements section)

Capital

Capital expenditures consist of amortization of $5.3M and mortgage and other debt interest $150K. Capital acquisitions during 2015-2016 totaled $2.7M of which $1.1M was for building infrastructure and $1.6M was for equipment.

The RHA and Ministry of Health signed a co-ownership agreement on January 30, 2013 to construct two capital assets to be co-owned by both parties. The RHA has been accounting for its approximate 25% share of the co-owned capital assets. Our financial statements have been restated to reflect 100% of the co-owned capital assets accounted for retroactively. Comparative figures have been restated and the opening accumulated surplus has been increased by $33,614,395. The majority of the capital funding occurred prior to 2015 with $1,710,679 of the Ministry's funding being received in 2015. The difference of 31,903,716 impacts the opening 2015 restricted fund balance. (see Note 18 in the Financial Statements section)

Debt

The region currently has six mortgages totaling $2.95M that are guaranteed by the assets of the organization. The health region paid out the mortgage on the Lucky Lake facility upon its renewal and also renewed two other mortgages in Elrose and Eston. In addition, the region has a loan for an Energy Performance Contract and has continued to enter in to two new capital leases for ambulances per year, totaling four at the end of 2015-2016. The Heartland Regional Health Authority has approved an ongoing fleet leasing strategy that will continue to improve the health of our ambulance fleet. This includes the lease of two new ambulances a year up to a total of 10 at one time. (For more information see Notes 5 and 6 in the Financial Statements section)

Capital Projects Update

Figure 31: Kerrobert and District Health Centre

The Kerrobert project was tendered in January-February of 2012. Construction started in the spring of 2012. At the end of March 2015 the building was about 98% complete. The building was substantially complete in May of 2015. The new facility was moved into in June of 2015.

Figure 32: Biggar and District Health Centre

Construction on the new Biggar Long Term Care facility started in October 2012. The new facility replaced the Biggar Diamond Lodge nursing home which was built in 1966. The 54 bed facility is connected to the Biggar Hospital. Substantial completion was obtained in late January 2015. The new facility was moved into in April of 2015.

Environmental Services

The change over from North Sask Laundry to our new provincial linen service provider K-Bro took place on September 30, 2015. Heartland facilities had their linen processed out of the Calgary plant and received their linen service out of the Saskatoon Distribution Center. On February 29, 2016 the processing was switched to the Regina plant as it had capacity to add on Heartlands volumes.

In preparation for the transition, Heartland's staff began training the beginning of September on the standard work that had been developed to ensure the safe handling of soiled linen, training on the new linen and linen carts to be used and the introduction of the blue soiled linen bags. Staff continued to see North Sask Laundry linen for a period of time after the new provincial linen system was introduced however it was gradually reduced and replaced as the existing stock was used.

Standard linen items were provided by K-Bro as part of the service. Any new linen that is ordered for the provincial inventory will be from the standard linen list. In the beginning, linen from other health regions was sent to be processed at the Regina plant and became part of the provincial inventory. As linen items became old and no longer useful, it was removed from the provincial inventory and replaced with items from the standard linen list.

The new provincial linen service was designed to improve efficiency and provide better service to patients and health regions. Standard work will improve efficiencies in linen management. Continuous Improvement tools and processes were developed to standardize the way linen is stored, used and transported through facilities. These efficiencies improve inventory control, standardize product use, and improve infection control and the patient experience.

The new provincial linen service was created to provide high-quality linen services to healthcare facilities and their patients and residents. New high quality products, energy saving processes, and laundering innovations at the new K-Bro plant make a difference in the quality of the patient experience. Environmental impact is an important factor in the design of the new plant which is equipped with the latest batch tunnel washers, designed to maximize wash quality and optimize water use. Infection prevention and control measures include the practice of "universal precaution" and samples of linen will be sent monthly to a third-party laboratory to test for microbial growth, ensuring the effectiveness of all plant processes.

Progress in 2015-2016

Strategic Priorities

The Strategic planning process focuses on Better Care, Better Health, Better Teams and Better Value for the people of Saskatchewan.

Each year a series of breakthrough initiatives are outlined by each Health Authority in the province. The Heartland Health Region identified two priorities for the 2015-2016 fiscal year:

1. Stabilizing Emergency Medical Services
2. Long Term Care Medication Management Improvements

1. Stabilizing Emergency Medical Services

Heartland Health Region (HHR) has experienced significant issues with the provision of EMS services over the past several years. As an indicator of the importance of this service, the challenges it was facing, the associated risks to the organization and to the clients we serve, EMS Stabilization was once again selected as one of the Region's top two strategic priorities for 2015-2016.

The Project Plan identified the problem statement as:

> Patients in need of or "requiring" emergency medical services (EMS) often experience excessive, unreasonable wait times and delays for services that result in:
>
> - Client dissatisfaction/frustration
> - Potential for negative client outcomes
> - Staff/physician dissatisfaction/frustration
> - Risk to client/staff safety

The Root Cause Analysis included issues and barriers related to: manpower, fleet challenges, regional geography/ service locations, call volumes, service disruptions (ER and EMS) and wait times in tertiary.

A Preferred Future State was identified as one whereby the HHR will have a reliable and effective emergency medical response system that will:

- respond to patient needs in a timely manner,
- respond with a consistent level of service,
- ensure client and staff safety is a focus of all responses, and
- provide meaningful employment for staff, and
- be cost efficient.

Figure 33: EMS 3P Team

Using the 3P (Production Preparation Process) Stabilization Plan developed in March of 2015 we took opportunities as they were presented to make some positive changes to the provision of EMS in our region.

In October of 2015 we received approval to move forward with new permanent part time positions for some EMS services that were experiencing higher call volumes, excessive overtime and significant staffing instability. The cost of this investment in permanent staffing was approximately $300,000 per year.

Along with the staffing enhancements, the Board continued their commitment to stabilize the EMS Fleet and approved the lease of two new ambulance units.

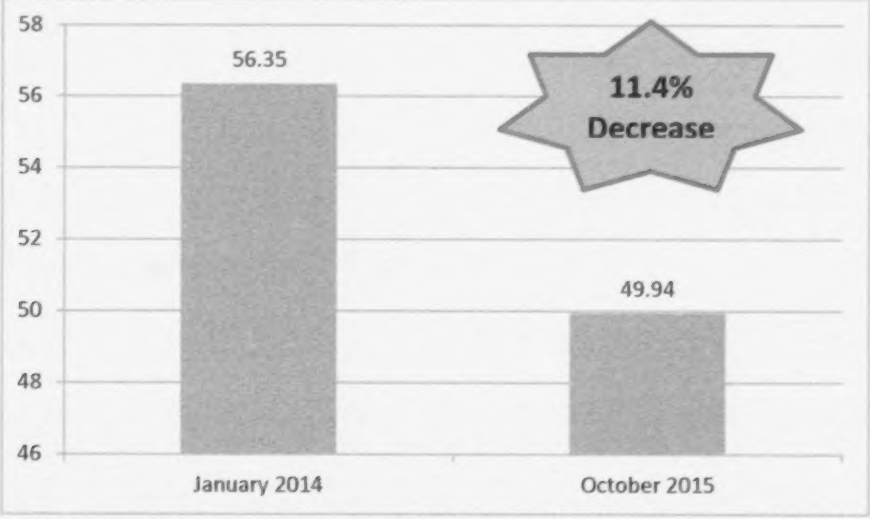
EMS Fleet

Goal: Fleet health report card improves – 10% decrease in fleet assessment scores

Each year our EMS Fleet and Equipment Management Committee assess all the EMS fleet vehicles and rate them using a standard template. Over the years the ratings have continued to increase, indicating the health of the EMS fleet was declining.

With the approval of the Fleet Management Plan, the region is starting to see an overall improvement in the health status of the EMS fleet, indicating the health of the fleet is improving.

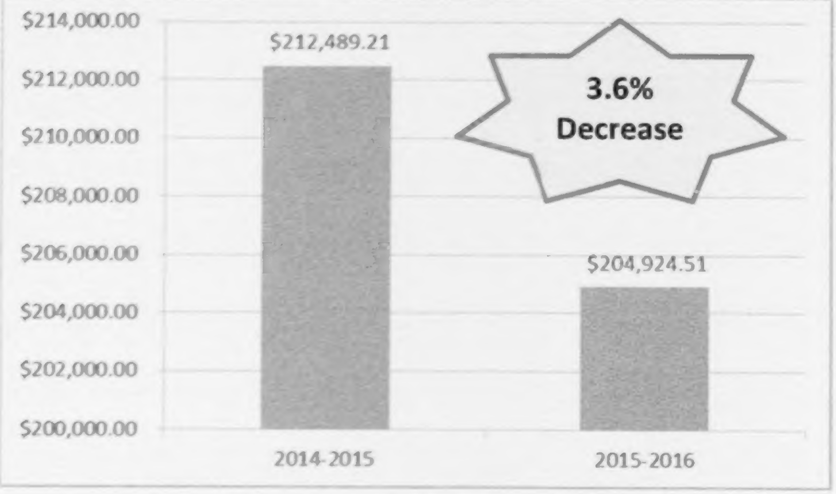
Figure 34: Fleet Management Plan



With the Heartland Board approving an ongoing leasing strategy for our EMS fleet we will see another two vehicles arriving for the fleet in May 2016.

Goal: Repair costs stabilize or decline – 10% decrease in repair and maintenance costs
For the past many years our unit failures and maintenance/repair costs for the EMS fleet have increase substantially. With the investments into the Fleet Management Plan repair costs should stabilize and decline. There was an improvement in 2015-2016, however we did not meet the goal of a 10% decrease.

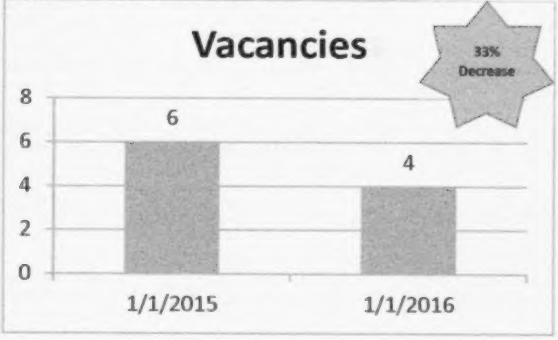
Figure 35: Repair and Maintenance Costs



EMS Staffing

Goal: Vacancy ratios – Vacancy ratios to decline by 10%
EMS positions can be hard to recruit to in rural communities. Lower call volumes and extended periods of on call assignment can make recruiting new staff challenging. Over the past year we recruited six new staff to the region and introduced Community Paramedicine programming in four communities, with plans to expand to an additional four communities in 2016-2017. Community Paramedicine is a program that uses EMS professionals working in collaboration with the health care teams in communities to help to meet client health needs. Community Paramedics in our region are performing regular client wellness checks, home safety checks, and health assessments and monitoring. Community Paramedics are also working closely with Home Care to provide Wellness Clinics and with Primary Health Care by assisting with the Walk-This-Way program. The introduction of Community Paramedicine is intended to assist with better client outcomes and supports but also has been an effective recruitment and retention tool for EMS staff. The vacancies we have been unable to recruit to have been vacant for some time. All four positions are small FTE positions based in communities with low call volumes. Currently four of our forty-two positions in EMS are vacant.

Figure 36: Vacancies



Goal: ***Full Time Equivalent (FTE) – Total number of FTE should increase by 10%***

There are two kinds of EMS positions in Heartland with guaranteed hours of work; the remainder of the positions are a casual on-call position. An EMS Blended position is a health care worker who works in a different department (e.g. Housekeeping, Laundry, Continuing Care Aide, Maintenance, etc.) who also holds EMS qualifications and will leave their other job in the health care facility to respond to an EMS call. An EMS position is a position with guaranteed hours within EMS where the employee works doing EMS job tasks and responds to calls while at work.

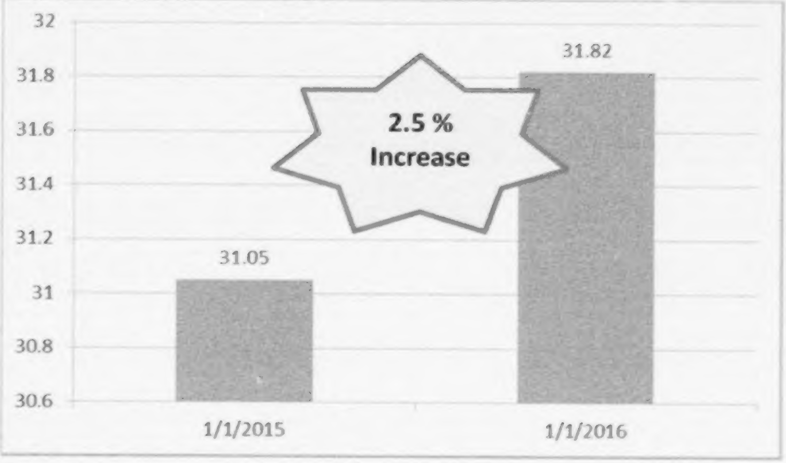
Over the years we have had several EMS Blended positions but recruitment and retention into these positions has been quite difficult. Some of our vacancies in the EMS Blended positions have been vacant for 3+ years. With the investment into EMS positions and the long standing vacancies in the EMS Blended positions we have eliminated the long term vacant EMS Blend positions, returning these positions back to their original intent (e.g. Continuing Care Aide/EMT position is now posted and filled as a Continuing Care Aide, the person no longer requires EMS qualifications to hold the position). Our EMS Blended positions now amount to 1.75 FTE, and both of these positions are currently filled.

With an additional investment of 300K into EMS staffing in October 2015 we introduced an additional 2.25 FTE for EMS positions. Staffing Investments in EMS Positions:

- July 2014 – $500K – 5.95 FTE
- October 2015 – $300K – 2.25 FTE

Prior to these significant investments into EMS staffing we had 21.87 FTEs in EMS positions, following these two investment by the board the EMS position FTE has increased the 30.07 FTE. Combining our EMS positions and our EMS Blend positions we have a total of 31.82 FTE (42 positions). Our vacancies have declined with the elimination of the long-term vacant EMS Blend positions and we were able to recruit into all the new EMS positions that were created. To date we have 4 vacancies remaining in EMS.

Figure 37: EMS Staffing



Out of Service Times

Goal: Out of Service Time – Out of Service Times should decrease by 10%

Out of service time is defined as the amount of time an ambulance was not available to respond from the home base to calls in that EMS coverage area – a neighboring EMS site would have to be dispatched to respond to any calls in that area. Out of service times can be caused by a number of factors (on a transfer and no back-up unit is available at the site, unit maintenance/repair, staffing, etc.) Our most common cause of out of service time is the inability to find staff to be on call for the EMS service.

Some services have seen improvements in out of service time while others have increased the amount of out of service time they experienced. There were various EMS services with excessive out of service time in 2015-2016. Dinsmore, Dodsland, Eatonia, Luseland, Macklin and Wilkie all struggled to maintain staffing in their services and did experience significant out-of-service time (more than 50 days of out of service time).

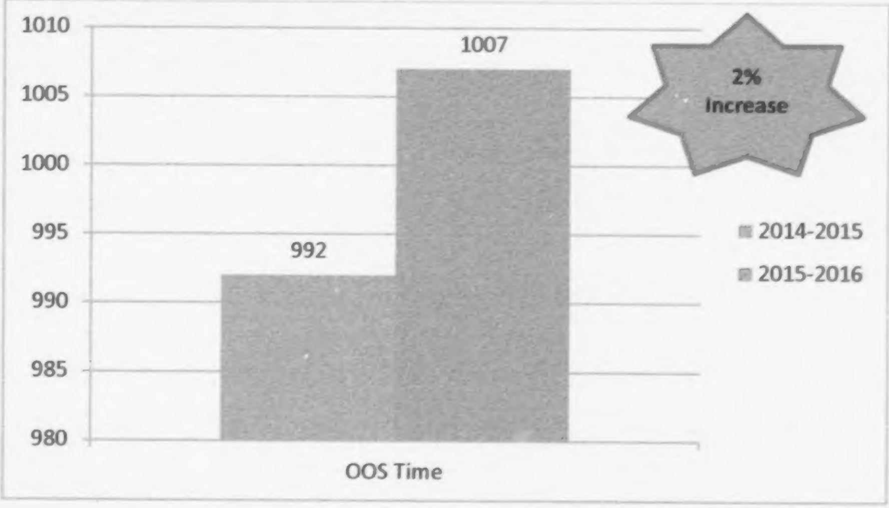
Table 6: EMS Out of Service Times

EMS Out-of-Service Times

EMS Site	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Beechy	N/A	N/A	N/A	N/A	N/A
Biggar	17	23	20	8	7
Davidson	19	17	14	11	12
Dinsmore	6	12	33	66	42
Dodsland	2	1	8	42	110
Eatonia	59	57	61	134	192
Elrose	N/A	N/A	N/A	N/A	N/A
Eston	17	12	14	14	16
Kerrobert	24	29	23	28	29
Kindersley	1	1	0	5	N/A
Kyle	17	9	14	39	16
Luseland	83	111	151	275	273
Macklin	101	126	55	87	60
Outlook	8	15	13	9	14
Rosetown	44	36	34	21	22
Unity	15	26	24	13	7
Wilkie	84	51	145	240	207
Total	**497**	**526**	**609**	**992**	**1007**

Listed in Days of Out of Service

Figure 38: Out of Service Times



There were a couple of sites (Dodsland and Eatonia) with very large increases in out of service time which impacted the regional numbers dramatically, resulting in an increase in the regional out of service times. There have been some significant improvements in many sites (Dinsmore, Kyle, Macklin, and Unity); unfortunately the improvements were not as great as the increases of out of service time seen in Dodsland and Eatonia.

Overtime

Goal: Overtime – Decrease Overtime Hours/FTE by 10%

EMS overtime continues to climb. The provincial target of 24 hrs of overtime per FTE is not obtainable within the current EMS staffing models.

Overtime has negative effects on staff, leading to burnout, safety concerns, job dissatisfaction, stress and other health issues. EMS staff are being asked to work for long amounts of time with little to no rest and for days and days on end. Overtime is generally a concern in the larger, busier EMS services.

While it is understandable to have some overtime in EMS, the nature of the business is 24 hours a day and very unpredictable, it should be less than what we are currently experiencing. Recruitment challenges with casual on-call positions, fewer staff responding to calls, out-of-services times increasing in some services necessitating neighboring services responding to calls in the community where the ambulance is out-of-service, bottlenecks in tertiary care and physician service disruptions all impact EMS and regularly result in call-back or overtime premiums. With the increase in FTEs for EMS in the region we did see a decrease in overtime hours/FTE of 7.5%; however, the actual overtime hours worked increased for the region in 2015-2016.

Some sites experienced a significant increase in call volume that resulted in a lot of overtime. New staffing rotations designed to limit overtime and call back opportunities were developed and implemented for many of the EMS services in the region. Many of these master rotation changes occurred later in the fiscal year so the region has not seen the full impact on overtime of the rotation changes.

2014-2015 Overtime Stats
Heartland EMS

- 7712.67 hours of Overtime
- 205.24 hours of Overtime per FTE
- 3.82 FTE in Overtime hours
- Sask Average Overtime hours/FTE for EMS 180.26

2015-2016 Overtime Stats
Heartland EMS

- 8089.38 hours of Overtime
- 189.91 hours of Overtime per FTE
- 4.04 FTE in Overtime hours
- Sask Average Overtime hours/FTE for EMS 172.05

Table 7: Summary of Annual EMS Stabilization Goals

EMS Stabilization 2015-2016		
Goals	**Actual Performance**	**Goal Status**
10% Decrease in Fleet Assessment Scores	11.4% Decrease	Met Goal
10% Decrease in Fleet Repair and Maintenance Costs	3.6% Decrease	Some Progress, Did Not Meet Goal
Vacancy Ratios to Decline by 10%	33% Decrease	Met Goal
Total Number of FTE Increased by 10%	2.5% Increase	Some Progress, Did Not Meet Goal
Out of Service Times Decreased by 10%	2% Increase	Did Not Meet Goal
Decrease Overtime Hours/FTE by 10%	7.5% Decrease	Some Progress, Did Not Meet Goal

2. Long Term Care (LTC)

As a part of the Ministry of Health's priority of Senior's Care, Long Term Care (LTC) facilities in the province continue to monitor and report on seven Quality Indicators to ensure quality care. These indicators are: residents with daily physical restraints; residents receiving antipsychotics without a diagnosis; residents whose pain worsened; residents with newly occurring stage 2 – 4 pressure ulcers; residents whose stage 2-4 pressure ulcers worsened; residents whose bladder continence worsened and; residents who fell in the last 30 days. Data was obtained quarterly via Minimum Data Set (MDS) LTC client assessments with targets set for LTC facilities to achieve. Facilities that were above the Ministry's target in each quarter were required to do further analysis of the data and develop an improvement plan to address issues identified.

As a region, we did not meet the set targets for daily physical restraints, newly occurring pressure ulcers and falls. However, we continue to see improvements from quarter 4 of the previous fiscal year in 5 of the 7 Quality Indicators (see Table 8), and most markedly, in the use of antipsychotics. In December 2015, the region created a position and hired a permanent full-time Behaviour Management Coordinator whose main responsibility is LTC. Her expertise and consults will be invaluable in assisting staff to identify strategies for reducing challenging behaviours and thus, reducing use of restraints and possibly antipsychotic medications.

Table 8: Quality Indicators - Long Term Care

Quality Indicators	HHR Q4 2014-2015	HHR Q4 2015-1016	MoH Target 2015-1016
Daily Physical Restraints	**25.57%**	23.41%	10.7%
Antipsychotic Use	**31.07%**	20.71%	29.0%
Pain Worsened	**7.4%**	6.67%	9.0%
Pressure Ulcer Newly Occurring (stage 2-4)	**2.36%**	2.27%	2.0%
Pressure Ulcer Worsening (Stage 2-4)	**2.27%**	2.20%	2.20%
Bladder Continence Worsening	**10.21%**	10.68%	17.0%
Falls	**9.18%**	10.68%	10.0%

Secondly, and also in relation to Senior's Care, the Ministry set a target for LTC facilities to implement Purposeful Rounding in one-third of their facilities by March 31, 2016. In Heartland, we are using the term, purposeful interactions, which basically means that staff are purposeful in their contact with the clients, both by anticipating needs as well as ensuring clients are comfortable and don't need anything further prior to staff leaving clients. We were able to meet this target as this concept has been in place in Heartland since September of 2011. It is also reviewed during care staff education and addressed at clinical orientation. However, up to this point, support staff have not been included in this process. Therefore, during this fiscal year Heartland has been working with one facility to trial different approaches to involve the support staff in this positive aspect of client care.

Continued work on the recommendations from the Provincial LTC Medication Management audit has been one of the regional priorities for this year. Specifically, new policies and procedures have been developed and reviewed, and revisions of existing policies and procedures has occurred. At time of writing, 13 of the 17 recommendations have been completed with the remainder waiting finalization of process to access nursing resources as well as standardizing a regional multi-disciplinary medication review.

Additionally, a region-wide audit of all LTC charts was conducted in September and October of 2015 which focused on the practices of quarterly multi-disciplinary medication reviews, pain assessment and chemical restraints. Although, at the time of the audit there was no regional standardized process for multi-disciplinary medication review, 88% of client charts showed that a pharmacy list was used for this review and that 88% had occurred in months prior. However, there was little evidence that it was a multi-disciplinary process, nor was there evidence of family involvement in the process. Only 59% of clients had pain assessments documented on admission. Twenty-nine percent of clients had behavioural assessment done in conjunction with use of antipsychotics and only 27% had consents signed for medication use. Education with care staff in the fall of 2015 included sections on medication management and chemical restraints.

During the fourth quarter of the fiscal year, pain assessments and consents for chemical restraints are again being audited and results will lead Heartland's medication management targets for 2016-2017.

One of the other Ministry targets relates to seniors staying at home, with home care support, for as long as possible. In Heartland, we have been monitoring the Method of Assigning Priority Level (MAPLe) which is one of the outcomes scores that we can track using MDS –Home Care. The scores are between one and five with those scoring five, having the most complex care and thus requiring more services. Analyzing the data of those who score 3 – 5 shows that Heartland is consistently supporting clients at home that have complex needs i.e. approx. 44% of those scoring between three and five have a MAPLe score of 5.

We also collect statistics on a number of factors with LTC placement. In analyzing the data from the last three years, we find that there was over 50% increase in those clients who were not placed, or in most cases, choose to remain at home with additional support while awaiting their first choice for LTC. There were also increases in clients moving into LTC who came from convalescent, hospital or their own home. Along with that data, there was also a decrease in clients moving into LTC directly from respite. Although it is too early to state a definite trend, this data suggests that this is a more appropriate use of classifications of care; clients are staying home longer and have increased health needs by the time they move into LTC.

Payee Disclosure Lists

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total $50,000 or more.

ABBOTT	JEANETTE	84,798	BAXTER	JANINE	65,725
ABBOTT	LYNDA	64,125	BAXTER	KIM	54,452
ABELADA	ESTELA	51,933	BAZLEY	RENAE	75,516
ACKERMAN	DEBORAH	53,074	BEAMAN	MARILYN	61,346
ALEXANDER	KRISTA	104,523	BECKER	ANIKA	86,114
ALLEN	GERALYN	63,617	BECKER	CHRISTOPH	95,202
AMES	EVELYN	97,820	BECKER	KIMBERLEY	56,827
AMY	VANESSA	82,611	BEESON	DOUGLAS	109,422
ANDERSON	COLETTE	52,837	BEESON	JACKIE	77,001
ANDERSON	LAURIE	86,269	BELLIVEAU	DONNA	52,193
ANDERSON	LEONA	66,384	BENCHARSKI	MELISSA	62,826
ANDERSON	WENDY	90,965	BENCHARSKI	PATRICIA	89,914
ANDREWS	WENDY	59,424	BENNETT	DIANNE	51,874
ANHOLT	GARY	53,162	BILLETT	JULIA	60,024
ANHORN	PATRICIA	65,963	BLACKWELL	TAMMY	98,365
ANTUFEAFF	JOSEPH	52,753	BLAKE	CANDACE	76,552
APPEL	VERNON	102,188	BLANCHETTE	DEBRA	105,723
ARAMENKO	TODD	72,376	BLANCHETTE	KRYSTLE	53,071
ARNOTT	FRED	56,142	BLAZEK	AMANDA	78,522
ARSENAULT	LEAH	85,291	BLODER	JANET	76,188
ASKILDT	JAYNE	77,406	BLOSKY	ERIC	89,189
AYLWARD	PATRICIA	66,700	BLOSKY	NICHOLE	85,468
BACHMAN	JANET	61,037	BLUMER	JENNIFER	61,969
BACHMAN	TAMMY	73,937	BOKITCH	ALLISON	104,527
BAHT	JODI	84,479	BORDEN	SHARON	53,245
BAILEY	MILDRED	51,672	BORNE	RODNEY	87,278
BARKER	DOUGLAS	78,641	BORNYK	VINCENT	102,965
BARTLETT	RHONDA	104,059	BORS	BEV	51,610
BASLER	CAROLYNE	71,734	BOSCH	DONNA	53,822
BATALLONES	BONIFACIO	99,665	BOSCH	STACEY	195,255
BATALLONES	WILLIAM	54,162	BOSER KELLY	DONNA	53,285
BAWA	ABISHA	50,410	BOTHNER	CHARLOTTE	101,691

BOUCHER	COLLEEN	85,156	COWELL	BARBARA	88,420
BOUTKAN	JOANNE	54,941	CRANEY	LISA	86,169
BOYCE	ZELLY	92,518	CREIGHTON	LAURIE	64,054
BOYLE	ALAN	95,501	CRESSMAN	JANICE	64,777
BRAUN	GLENDA	55,460	CRICKETT	VALERIE	65,072
BRENNER	RICHARD	113,441	CROSS	LINDSAY	85,178
BRENNER	SHARI	68,280	CRUSE	SHIRLEY	56,568
BRETZER	GAYLEEN	51,797	CUMMINGS	GREGORY	301,077
BREWER	DIANE	59,845	CUPPLES	STEVEN	116,481
BRIDGEMAN	CELESTE	51,029	CUTLER	SHELLEY	83,606
BRIGGS	DOREEN	52,317	DANYCHUK	SHELBIE	84,413
BRIGHAM	WENDY	108,715	DAVID	LAURA	81,981
BROST	THERESA	77,437	DAVIDSON	LAURA	60,911
BROWN	CORINNE	96,918	DAVIDSON	LEE ANN	127,331
BROWN	SANDRA	52,282	DAVIES	CARLOTA	50,500
BROWN	WANDA	96,601	DE KLERK	LIZA	50,605
BRUNET	BONNIE	56,095	DEBUSSAC	NANCY	50,215
BUDD	JANELLE	92,451	DEGENSTIEN	ROBERT	92,969
BURTON	ERIN	78,573	DEIBERT	KERRY	94,173
BUSCHYNSKYI	RICK	76,212	DEKOCK	JODIE	57,049
BUTT	SHARON	78,735	DELAINEY	CAMILLE	95,668
BUYAN	RUDILITA	55,801	DEMOISSAC	LORRAINE	56,444
CABANILLA	CHRISTIAN	55,743	DESROSIERS	LEXI	62,992
CALLSEN	DEANNA	65,918	DESROSIERS	WANDA	108,171
CALWELL	KERRI	55,930	DIEHL	ERIN	76,202
CAMPBELL	DEANNE	73,001	DILLO	MARIA CHE	57,545
CAMPBELL	TRINA	58,852	DIMAZANA	SARAH	116,520
CHAN	ANN	72,731	DOLEGA-CIESZKOWS	JADWIGA	80,949
CHARPENTIER	BARBARA	102,948	DOMMETT	BERNADINE	51,347
CHENEY	ALICIA	115,828	DORNSTAUDER	CARRIE	125,183
CHEYNE	JAMES	111,477	DOROWICZ	JENNIFER	50,614
CHOLIN	MARIE	52,555	DOWNEY	ALICIA	99,886
CLARK WATSON	GLENDA	87,814	DRURY	JANICE	52,620
CLARKE	JUDY	67,130	DUBKOWSKI	KATHERINE	65,042
COLE	MEGAN	87,185	DUNN	BONNIE	71,966
COLLINS	BONNIE	69,430	DUPUIS	JO-ANN	126,965
COLLINS	DIANE	70,029	DYCK	KAREN	76,216
CONWAY	MICHELLE	99,737	DYCK	MARYANN	68,506
COOL	GLORIA	85,599	EAST	AUDRA	98,061
CORDES	SANDRA	64,943	EDBOM	ROBERT	97,761
COSSETTE	KIMBERLEY	107,601	ELLIS	KAYLIE	82,250

ETSELL MCLEOD	ELAINE	90,639	HADUIK	CONNIE	82,485
EYOLFSON	JILL E	59,324	HALDE	SERGE	52,829
FAYANT	TAYLOR	69,399	HALONEN	MELANIE	65,877
FELL	BRENDA	51,459	HAMM	AUDREY	115,256
FERGUSON	DEBBIE	50,995	HARDENNE	LINDA	61,928
FERRE TUICO	MARILYN	52,973	HARRABEK	NATASHA	56,103
FINLEY	KRISTA	50,848	HARRIS DESROSIER	LEE	51,285
FISHER	MARY PAT	94,500	HARRISON	JENNA	57,701
FLYNN	RENEE	75,674	HARROD	KRYSTAL	78,447
FOLLICK	JOSLYN	52,321	HARTEMINK	DEBBIE	50,610
FOLLICK-YLIOJA	JORDYN	50,036	HAUBRICH	KATRINA	110,021
FORSYTH	SHARON	105,172	HAUG	BEVERLY	63,482
FRERICHS	JENNIFER	92,519	HAUGEN	KIRSTI	70,608
FRIESEN	PERRY	68,543	HAUGHN	KYLI	53,779
FRIESEN	REIZAH	101,660	HAWKINS	ERIN	87,641
FRISON	DENISE	50,357	HAYES	BRENT	123,472
FROYSTAD	LISA	62,957	HAYES	TERI LYNN	97,623
FULLER	SHELLY	57,174	HEALEY	COLLEEN	98,306
FUNK	MARGARET	51,871	HEALEY	SHERRI	93,033
GAFF	JO ANN	65,450	HEIDT	TRACY	97,994
GARRETT	CHRISTA	58,973	HEILMAN	AUDRY	78,177
GARTNER	DIANE	81,573	HEINTZ	TWILLA	50,818
GEDAK	STACEY	85,218	HENRY	JO-ANN	83,451
GEORGE	DOREEN	94,599	HERLE	ERICA	61,416
GEREIN	BROOKE	74,455	HERMANSON	RUTH	54,600
GEREIN	JACQUELIN	101,678	HESS	ERIN	62,219
GEREIN	NICOLE	90,179	HIEBERT	ELIZABETH	99,137
GERSTNER	LISA	77,592	HILL	CAROL	96,471
GIBSON	JILLIAN	83,862	HILL	LILLIANE	53,563
GIENI	CHELSEA	67,047	HILSENDAGER	CRAIG	92,795
GILLIES	DARLENE	52,846	HINTHER	CATHY	105,350
GOMEZ	JESNA	95,311	HODGINS	MEGAN	61,454
GOPINATHAN PILLA	RAHUL	77,489	HODGINS	SANDRA	86,401
GORDON	ARLENE	58,621	HOEHN	CAROL	83,372
GORDON	KATHLEEN	51,721	HOFFMAN	LORNA	56,323
GOTTSCHALK	BRENDA	50,103	HOGAN	KAREEN	71,377
GREIER	LEAH	87,258	HOLTON	IAN	115,602
GROTH	JHALENE	64,087	HOLZMAN	SHIRLEY	53,711
GURNEY	KRISTA	82,633	HOPKINS	CATHY	74,984
GUTTING	ANDRIA	72,483	HOPKINS	KAYLA	54,812
HABERMEHL	PATRICIA	60,337	HORN	VIRGINIA	55,276

IGBEKOYI	RUTH	66,287	KOWALCHUK	AMBER	83,150
IRELAND	SCHARLENE	104,263	KRONBERG	DIANE	87,143
IRELAND	TRACY	91,828	KRUESEL	FAYE	64,024
IRWIN	KIRSTEN	71,560	KUNTZ	SYLVIA	82,279
ISMOND	KRISTEN	63,039	KURULAK-MILNE	DEBORAH	93,693
IWEGBU	NWANDO	84,679	KWASNEY	JENNIFER	72,508
JACKSON	LINDSAY	50,954	LANGAGER	JUDY	95,907
JACOBSEN	LUCILLE	52,391	LARSON	CAROL	69,096
JAMES	CARLA	54,409	LARWOOD	SYLVIE	60,529
JANHUNEN	MARISA	67,757	LEBRUNO	KRISTEN	80,852
JANZEN	DOREEN	75,165	LEES	NATALIE	84,293
JEZOWSKI	LINDSAY	72,353	LEGROW	WENDY	52,915
JOHNSON	KATHRYN	73,540	LENZ	TRACY	77,715
JONES	CAROLINA	59,188	LEWIS	COURTNEY	76,503
JONES	KATHLEEN	95,430	LILBURN	CHRISTINE	126,895
JONESCU	KATELYN	62,762	LINDBERG	LORRAINE	124,476
JOSEPH	NIMISHA	66,051	LITTLEBEAR	CARRIE	91,318
JOY	SABIN	83,764	LOITZ	TERRIE	73,533
JUKES	JACKALYN	54,086	LONGTIN	CATHY	83,667
KAHNAPACE	SALLY	90,018	LOW	BONNIE JE	76,860
KAMMER	KAREN	54,781	LUSCOMBE	KELSIE	52,399
KANGAS	BRIDGET	51,512	MABBETT	LANA	80,736
KAPELL	KEVIN	82,604	MACKERACHER	DEBBIE	70,313
KAUTH	MONICA	55,289	MACRAE	JOAN	79,101
KEGLER	AUDREY	53,520	MAGNUS	MARILYN	61,829
KEITH	STEPHANIE	70,433	MAHARAJ	SUBHAS	96,793
KELLER	VANESSA	50,285	MAIR	SANDRA	78,649
KEMBEL	KELLEY	105,587	MALCOLM	ANGELA	80,957
KERNOHAN	BEVERLY	58,598	MAMER	KAREN	88,039
KILCHER	NORMA	95,733	MANSALAPUS	RUFINA	50,482
KING	RYAN	85,619	MARCHUK	ANDREA	82,714
KIRKNESS	BRIAN	65,315	MARTENS	KRISTA	68,908
KISSICK	KAREN	78,254	MARTIN	ANGELA	50,509
KNIGHT	KERA	55,195	MARTIN	ASHLEY	54,310
KNORR	ALLISON	54,769	MARTIN	MONANNE	51,213
KNORR	GLORIA	81,395	MARTIN	SHERRY	54,095
KNORR	NANCY	95,019	MASSEY	PATSY	82,177
KOLESNIK	MONICA	114,302	MASSIE	LESLEY	74,386
KON	LEONA	58,170	MATHERS	ALISON	57,556
KOOP	CAROLYN J	90,673	MATRO	MARY ANN	50,275
KOSOLOFSKI	TARYN	55,217	MATZNER	KATHERINE	51,189

MAY	CARLA	72,327	MUNRO	JEANNIE	210,997
MAZZEI	CHRIS	51,884	NASH	JOCELYN	74,447
MCADAM	CALI	57,446	NELSON	SHELLY	64,627
MCBEE	BRENDA	51,109	NEUFELD	MCKENNA	64,310
MCBRIDE	JANELLE	80,770	NEUMEIER	MICHELLE	54,034
MCCALLUM	MARVA	55,279	NEWTON	KELCIE	90,252
MCCANN	CARMEN	57,493	NEWTON	KIRSTEN L	73,345
MCCORMICK	ANN	83,366	NICKEL	MELVIN	79,195
MCDONALD	JOHN	79,011	NISBET	CARA	53,756
MCGONIGLE	SEAN	66,969	NODWELL	CARLA	74,867
MCLEOD	ROSEMARY	67,732	OLIPHANT	JANELLE	86,502
MCMASTER	JENNIFER	82,010	OLSON	ASHLEY	52,463
MCNICHOL	THEA	60,929	OLSON	BREA	65,728
MCPHAIL	MARIE	50,234	OLSON	PATRICIA	71,734
MEIER	KARI	54,479	OLSON	SHERRYL	67,296
MEIER	KIRSTIN	57,380	OMNESS	LESLIE A	53,769
MERKEL	GORDON	109,100	OTSIG	ASHLEY	81,282
MESCHISHNICK	MICHELLE	50,645	OZOG	ALLISON	71,822
METZ	HAILEY	59,180	PACKET	JUDITH	58,562
MEYER	BERNADETT	51,409	PADOL	CEDIL	70,803
MEYER	JENNIFER	71,635	PAJUNEN	SHEILA	196,750
MEYER	NORMA	86,316	PANGMAN	AMANDA	98,911
MIDDLETON	JAYMIE	55,134	PAPROSKI	LEANNE	85,606
MILLER	E RUTH	124,723	PARK	GLORIA	105,443
MILLER	KATHY	87,321	PAVELICH	MARISA	52,431
MILLER	NICOLE	82,807	PEDERSON	MORGAN	57,737
MILLER	SANDRA	54,910	PENNINGTON	MELANIE	57,042
MILTON	DEBBIE	100,284	PERKINS	CRYSTAL	66,452
MINCHIN	NATALIE	88,109	PETRIE	DENISE	53,450
MITCHELL	BRENDA	74,664	PHILLIPS	LISA	123,444
MOEN	SANDRA	60,044	PIERREPONT	WAYNE	126,508
MOFOLASAYO	OLAWUNMI	110,731	POITRAS	CHARMAINE	79,188
MOLNAR	CHERYL	53,789	POLLOCK	KYLE	50,232
MONK	DEBRA	60,778	PRESCOTT	LANA	97,614
MOORE	BRENDA	59,658	PRINCE	JOHN	82,664
MORO	BREANNE	58,445	PROCTOR	BONNIE	52,560
MORRILL	MICHEAL	122,351	RAMSAY	TAMMY	83,610
MORRIS	BARRY	50,667	RANKIN	ANNE	63,126
MORTON	KELSEY	73,407	RAPADAS-ESCHER	RAQUEL	54,814
MOULDING	MIRANDA	65,586	REDDEN	DEBBIE	74,696
MULDER	BECKY	51,774	REDLICK	HALEY	74,982

REINIGER	AMY	88,129	SHEPHERD	JENNIFER	69,847
REMESHYLO	KRISTA	152,965	SHERIFF	FODAY	60,116
RENWICK	DEBBI	56,051	SIBLEY	TANISLEI	85,033
RESCHNY	TANIS	89,193	SILVEIRA	SERGIO	81,675
RETZLEFF	TRUDY	51,730	SIMONS	MARILYN	50,967
RICHARDS	RENEE	58,568	SIMONSON	LORI	94,614
RIENDEAU	GAYLE	248,528	SIMONSON	LYNNE	70,174
RINGROSE	CATHY	123,561	SIMONSON	SUSAN	80,385
RISSLING	IRENE	54,063	SINCLAIR	AGNES	82,347
RITCHIE	DAWN	85,184	SITTLER	NICHOLE	56,767
RITTER	MONICA	58,564	SKINKLE	EMILY	55,462
RITZ	SUSAN	69,974	SMITH	CHERYL	75,002
ROBERTSON	FAY	55,019	SMITH	DARLENE	94,701
ROBILLARD	RYAN	74,263	SMITH	JASMINE	60,458
ROBINSON	WARREN	68,178	SMITH	LEAH	58,563
ROBSON	SHELLY	107,181	SMITH	SHERI	50,959
RODGERS	MARILYN	106,631	SNIDER	HEATHER	97,481
ROEBUCK	MARGARET	50,209	SOMERVILLE	KRISTIN	58,737
ROGERS	LEN	51,254	SPERLE	JOAN	62,253
ROSZELL	JOAN	58,416	SPERLE	NOLA	90,717
ROUSE	JANICE	95,552	SPIGOTT	SHARON	79,036
ROUSELL	TRUDY	72,520	STANJEK	DONNA	54,761
SAATHOFF	KARYN	55,124	STANLEY	LEESA	140,876
SALEWSKI	DANA	74,389	STEVENS	DEBORA	79,885
SARICH	MARIANNE	56,296	STEWART	ELKE	50,110
SATTELMEIER	YVONNE	58,103	STEWART	WILLIAM	76,645
SAYERS	JENNIFER	83,299	STOPANSKI	VALERIE	88,556
SCHAFER	CLAREEN	86,979	STOREY	CRYSTAL	81,428
SCHIMPF	JOANNE	59,509	STRATTON	CARLA	62,166
SCHMALZ	DEANNE	85,537	SUCHAN	AMY	77,868
SCHMALZBAUER	CANDACE	51,718	SUMNER	MELINDA	68,619
SCHMALZBAUER	JENNIFER	76,875	SUTHERLAND	LISA	52,291
SCHMIT	JAMES	66,999	SUTHERLAND	RENA	93,177
SCHOLER	BRENDA	125,249	SWEET	MEGAN	68,018
SCHURMAN	JANICE	58,082	SWEITZER	HANNAH	64,063
SCHWAB	EVA	56,356	SWINSON	ANNABELLE	61,636
SCHWAB	MICHELLE	79,228	TERNES	DALE	106,187
SCHWENGLER	AMBER	63,715	THIESSEN	SHERI	66,517
SCHWENGLER	CINDI	50,222	THOME	JILLIAN	50,258
SENKO	VICTORIA	98,696	THOMSON	CHRISTINA	58,021
SERFAS	KAREN	118,683	THOMSON	KARI	64,573

THURSTAN	SHAWNA	74,674
TOLENTINO	MARY ANN	64,072
TOLLEFSON	CHRISTINE	77,316
TORRANCE	CAROLYN	73,682
TRARBACK	SHELLEY	72,597
TROTCHIE	SHELLEY	53,150
TRUMBLEY	BETTYANN	106,148
TURNER	MARLA	55,187
TURTON	AMBER	70,928
VALEN	BRENDA	57,635
VAN DYK	ANDREW	87,874
VANDERZWAAG	GLORIA	106,998
VANTHUYNE	MARLENE	79,260
VERONELLY	YVONNE	114,177
VETTER	BRIANNE	70,535
VIRTUDEZ	DIANA	53,016
VOLK	DONALD	75,969
VOLK	KATRINA	53,424
VOLK	TRACY	62,614
WAGNER	LESLIEANN	95,671
WALKER	EVELYN	84,055
WALKER	STACI	89,649
WALL	HAROLD	74,361
WARKENTIN	SHERI	75,532
WARREN	LYNNE	115,193
WARRINGTON	CHANTAL	52,460
WATT	TRACEY	53,292

WEBBER	JANINE	52,242
WEBER	DAWN	89,155
WEBSTER	JAMES	87,350
WELLS	BONNIE	83,158
WENDT	ADRIENNE	76,842
WENZEL	KRISTENE	80,870
WESTBURY	THERESA	66,415
WESTON	MARLENE	125,918
WHITEFORD	MARILYN	58,781
WHITNEY	JOAN	66,888
WIEBE	DIANNE	78,715
WIENS	CHRISTINE	102,292
WIENS	LAURIE	80,409
WILDEMAN	BERNIE	98,170
WILINSKI	CHERYL	53,177
WILSON	DIANNE	79,333
WINNY	JOANNE	87,908
WIPF	JODY	51,877
WOOD-SPARROW	CARLIN	54,611
YLIOJA	DANIELLE	55,790
YLIOJA	ROGER	50,646
YOUNG	CASSANDRA	65,382
YOUNG	LAURIE	59,325
ZIMMER	LISA	52,654
ZLATNIK	KERRI	71,072
ZOLLER	SHARLENE	82,763

Disclosure of Suppliers 2015 - 16

Payee Disclosure List: Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

BRIDGEPOINT CENTRE FOR EATING DISORDERS INC	*586,964*
INDIVIDUALIZED HOME CARE FUNDING	*186,513*
ST. JOSEPH'S HEALTH CENTRE	*2,415,432*

Payee Disclosure List: Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services including office supplies, communications, contracts and equipment.

3S HEALTH	693,106
ARI FINANCIAL SERVICES T46163	1,089,734
ARJOHUNTLEIGH CANADA INC	106,082
ASSOC. RADIOLOGISTS OF S'TOON	280,948
BECKMAN COULTER CANADA LP	143,009
BEECHY DEMAINE EMERGENCY SERVICES	122,174
CARDINAL HEALTH CANADA INC.	645,564
CDW CANADA	234,589
COVIDIEN CANADA ULC	75,621
CRESTLINE COACH LTD.	149,158
CU CREDIT MASTERCARD	63,088
CYPRESS HEALTH REGION	92,939
DEPARTMENT OF PROPERTY MANAGEMENT	51,868
DR AMRISH RAMIAH	325,368
DR D TORR	180,545
DR FRANKLIN IGBEKOYI OLAWALE	330,818
DR IDALBERTO JIMENEZ-GUERRA	64,185
DR JC COOPER	374,627
DR LYLE WILLIAMS	172,648
DR NANDA HARJEET	269,069
DR OLAMPIO BAMIGBOJE	288,617
DR TOKUNBO DABIRI	202,344
DR. RAPHAEL THULANI MTSHALI	152,221
DR.BOYLALE JULES BOFOYA	85,178
EATONIA OASIS LIVING INC.	119,971
ECOLAB INSTITUTIONAL DIVISION	95,431
EHEALTH SASKATCHEWAN	142,010
ELLISDON CORPORATION	2,053,519
GRAND & TOY	169,072
GREAT WEST LIFE ASSURANCE CO	425,523
HILL-ROM CANADA LTD.	112,969

HIROC INSURANCE SERVICES LIMITED	114,640
HOSPIRA HEALTHCARE CORPORATION	242,018
INSTRUMENTATION LABORATORY CANADA	135,941
INTER MEDICO	55,793
KPMG	63,100
LESLIE JARDINE	71,291
LOOMIS EXPRESS, A DVI OF TFI TRANSPORT	54,231
M.D. AMBULANCE & CARE LTD	130,048
MARSH CANADA LTD	196,481
MCKESSON CANADA	230,961
MCKESSON DISTRIBUTION PARTNERS	50,764
MINISTRY OF CENTRAL SERVICES	53,825
NORTH SASK LAUNDRY	312,987
ORTHO CLINICAL DIAGNOSTICS CANADA HOLDING CORPORATION	319,804
PHYSIO CONTROL CANADA SALES LTD.C/O. T11076C	126,725
PLAINSMAN HVAC-R LTD	186,676
PRAIRIE NORTH HEALTH REGION	144,733
PROVINCIAL PUBLIC SAFETY TELECOMMUNICATION NETWORK	102,029
QUADRANT	59,443
RCDP / CPDN	110,304
ROCHE DIAGNOSTICS	118,388
ROCHE, SARAH-JANE	64,348
SAPUTO DAIRY PRODUCTS CANADA G.P.	127,986
SASKATCHEWAN ENERGY CORP	484,455
SASKATCHEWAN HOUSING CORPORATION	225,585
SASKATCHEWAN POWER CORPORATION	1,087,448
SASKATCHEWAN REG. NURSES ASSOC	136,668
SASKATCHEWAN TELECOMMUNICATIONS	377,224
SCHAAN HEALTHCARE PRODUCTS	791,034
SELECT MEDICAL CONNECTIONS LTD.	95,347
SGI CANADA INSRUANCE SERVICES LTD.	112,523
SIMPLEX/GRINNELL	77,274
SOFTCHOICE LP	73,711
SPI HEALTH AND SAFETY	60,720
STERIS CANADA INC.	104,548
STRYKER CANADA	102,181
SYSCO FOOD SERVICES	1,330,573
THE STEVENS COMPANY LTD.	112,410
TOWN OF KERROBERT	150,414
TOWN OF KINDERSLEY	99,921
TREMCO, A DIVISION OF RPM CANADA	140,550
VITAL AIRE	143,116

WALLACE, WILDA	60,421
WBM OFFICE SYSTEMS	67,489
WOOD WYANT INC	220,681
ZOLL MEDICAL CANADA	83,355
ZONARE MEDICAL SYSTEMS CANADA	65,395

Payee Disclosure List: Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

3s HEALTH - DENTAL PLAN	489,475
3s HEALTH - DISABILITY INCOME PLAN	627,917
3S HEALTH - ENHANCED DENTAL/ EXTENDED HEALTH PLAN	1,736,316
CRA- CANADA PENSION PLAN	2,564,400
CRA- EMPLOYMENT INSURANCE	1,302,747
HEALTH SCIENCES ASSOC OF SASKATCHEWAN	119,733
SASKATCHEWAN HEALTH CARE EMPLOYEE'S PENSION PLAN	5,016,038
SASKATCHEWAN UNION OF NURSES	273,523
SASKATCHEWAN WORKER'S COMPENSATION BOARD	1,166,372
SERVICE EMPLOYMENT INTERNATIONAL UNION - WEST	634,679

MANAGEMENT'S REPORT
Heartland Health Region

June 10, 2016

The accompanying financial statements are the responsibility of management and have been approved by the Heartland Regional Health Authority. The financial statements have been prepared by management and, except as explained below, are presented fairly in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by Ministry of Health. The financial statements reflect management's best estimates and judgments based on currently available information.

Management is also responsible for the existence of an appropriate information system, procedures and controls to ensure that the information used by management internally and disclosed externally is complete and reliable. In addition, management is responsible for establishing and maintaining an adequate system of internal control to provide reasonable assurance that the financial records provide relevant, reliable and accurate information and assets are safeguarded.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

KPMG LLP, an independent firm of Chartered Accountants, has full and open access to the Finance/Audit Committee and has been engaged to examine the financial statements and provide their independent auditors' report thereon.

Greg Cummings
President and
Chief Executive Officer

Stacey Bosch
Vice President of
Corporate Services

Financial Statements of

HEARTLAND REGIONAL HEALTH AUTHORITY

Year ended March 31, 2016

KPMG

KPMG LLP
600 – 475 Second Avenue South
Saskatoon Saskatchewan S7K 1P4
Canada

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Fax (306) 934-6233
www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

To the Authority Members

We have audited the accompanying financial statements of Heartland Regional Health Authority, which comprise the statement of financial position as at March 31, 2016, the statements of operations, remeasurement gains and losses, changes in fund balances and cash flows for the year then ended and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Heartland Regional Health Authority as at March 31, 2016, and its results of operations, its remeasurement gains and losses, its changes in fund balances, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

KPMG LLP, is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.
KPMG Canada provides services to KPMG LLP.

Comparative Information

Without modifying our opinion, we draw attention to Note 18 to the financial statements which indicates that the comparative information presented as at and for the year ended March 31, 2015 has been restated.

KPMG LLP

Chartered Professional Accountants

May 20, 2016
Saskatoon, Canada

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position

Year ended March 31, 2016, with comparative information for 2015

	Operating Fund	Restricted Fund	Total March 31, 2016	Total March 31, 2015
ASSETS				(Restated Note 18)
Current assets				
Cash and short-term investments (Schedule 2)	$ 9,690,820	$ 4,908,011	$ 14,598,831	$ 12,421,128
Accounts receivable				
Ministry of Health - General Revenue Fund	449,969	278,230	728,199	501,954
Other	1,085,457	159,333	1,244,790	2,068,964
Inventory	1,465,354	-	1,465,354	1,413,559
Prepaid expenses	587,869	-	587,869	524,530
	13,279,469	5,345,574	18,625,043	16,930,135
Investments (Schedule 2)	3,235,639	1,322,545	4,558,184	5,508,700
Capital assets (Note 3)	-	96,138,832	96,138,832	98,816,855
Total Assets	$ 16,515,108	$ 102,806,951	$ 119,322,059	$ 121,255,690
LIABILITIES AND FUND BALANCES				
Current liabilities				
Accounts payable	$ 974,941	$ 25,040	$ 999,981	$ 3,076,551
Accrued salaries	4,111,394	-	4,111,394	3,477,617
Vacation payable	7,301,146	-	7,301,146	6,645,353
Mortgages payable – Current (Note 5)	-	481,233	481,233	487,355
Long term debt - Current (Note 6)	-	161,904	161,904	104,319
Deferred revenue (Note 7)	2,421,756	-	2,421,756	1,493,368
	14,809,237	668,177	15,477,414	15,284,563
Long term liabilities				
Mortgages payable (Note 5)	-	2,469,545	2,469,545	3,164,585
Long term debt (Note 6)	-	1,063,743	1,063,743	995,120
Employee future benefits (Note 11)	3,043,600	-	3,043,600	3,033,800
Total Liabilities	17,852,837	4,201,465	22,054,302	22,478,068
Fund Balances:				
Invested in capital assets	-	91,962,407	91,962,407	94,065,476
Externally restricted (Schedule 3)	-	4,292,753	4,292,753	3,432,873
Internally restricted (Schedule 4)	-	2,350,326	2,350,326	2,617,002
Unrestricted deficit	(1,337,729)	-	(1,337,729)	(1,337,729)
Fund balances (Statement 4)	(1,337,729)	98,605,486	97,267,757	98,777,622
Total Liabilities & Fund Balances	$ 16,515,108	$ 102,806,951	$ 119,322,059	$ 121,255,690

Contractual Obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations

Year ended March 31, 2016, with comparative information for 2015

	Operating Fund			Restricted Fund	
	Budget 2016	2016	2015	2016	2015
	(Note 12)				(Restated Note 18)
REVENUES					
Ministry of Health - general	$ 93,800,402	$ 94,313,098	$ 92,133,204	$ 997,192	$ 2,539,423
Other provincial	241,739	263,240	246,541	137,124	206,047
Federal Government	-	-	719	-	-
Patient & client fees	9,518,745	9,854,229	9,617,115	-	-
Out of province (reciprocal)	711,000	734,827	768,683	-	-
Out of country	13,500	26,658	39,282	-	-
Donations	-	143,310	63,959	1,605,954	3,839,479
Ancillary	199,160	204,789	209,950	-	-
Investment	185,000	195,783	214,153	92,207	107,219
Recoveries	841,345	1,642,223	1,102,481	-	-
Other	203,905	242,618	248,982	35,365	82,474
Total revenues	**105,714,796**	**107,620,775**	**104,645,069**	**2,867,842**	**6,774,642**
EXPENSES					
Inpatient & resident services					
Nursing administration	4,312,795	4,381,659	4,625,576	-	-
Acute	6,563,881	6,623,138	6,426,640	147,368	154,146
Supportive	9,081,161	9,569,815	9,550,959	46,323	53,841
Integrated	22,885,036	23,526,960	22,303,561	4,869,957	3,860,671
Total inpatient & resident services	**42,842,873**	**44,101,572**	**42,906,736**	**5,063,648**	**4,068,658**
Physician compensation	**3,533,039**	**3,163,195**	**2,434,390**	-	-
Ambulatory care services	**199,106**	**149,654**	**186,305**	-	-
Diagnostic & therapeutic services	**9,648,625**	**10,002,075**	**9,224,874**	-	-
Community health services					
Primary health care	1,252,772	1,237,388	1,232,602	3,407	3,407
Home care	7,255,280	7,367,851	7,290,965	23,014	29,327
Mental health & addictions	3,472,814	3,356,097	3,051,230	-	-
Population health	3,324,691	3,394,141	3,289,119	4,017	3,452
Emergency response services	5,819,186	6,225,454	5,465,129	315,468	340,256
Other community services	405,138	430,792	450,322	-	-
Total community health services	**21,529,881**	**22,011,723**	**20,779,367**	**345,906**	**376,442**
Support services					
Program support	6,410,345	6,065,298	6,639,377	134,627	45,299
Operational support	20,260,756	20,205,134	20,085,948	-	-
Other support	451,300	535,616	489,941	-	-
Employee future benefits	(11,000)	9,800	(23,600)	-	-
Total support services	**27,111,401**	**26,815,848**	**27,191,666**	**134,627**	**45,299**
Ancillary	**203,970**	**210,234**	**208,786**	-	-
Total expenses (Schedule 1)	**105,068,895**	**106,454,301**	**102,932,124**	**5,544,181**	**4,490,399**
Excess of revenues over expenses	**$ 645,901**	**$ 1,166,474**	**$ 1,712,945**	**$ (2,676,339)**	**$ 2,284,243**

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Remeasurement Gains and Losses

Year ended March 31, 2016, with comparative information for 2015

	2016	2015
Accumulated remeasurement gains, beginning of year	$ -	$ -
Unrealized gains (losses) attributed to:		
Investments (Note 2, Schedule 2)	-	-
Realized gains (losses), reclassified to statement of operations:		
Investments (Note 2, Schedule 2)		
Designated fair value	-	-
Equity instruments	-	-
	-	-
Net remeasurement gains (losses) for the year	-	-
Accumulated remeasurement gains (losses), end of year	-	-

The accompanying notes and schedules are part of these financial statements.

Statement 4

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Changes in Fund Balances

Year ended March 31, 2016, with comparative information for 2015

2016	Operating Fund	Restricted Fund	Total 2016
Fund balance, beginning of year	$ (1,337,729)	$ 100,115,351	$ 98,777,622
Excess of revenues over expenses	1,166,474	(2,676,339)	(1,509,865)
Interfund transfers (Note 14)	(1,166,474)	1,166,474	-
Fund balance, end of year	$ (1,337,729)	$ 98,605,486	$ 97,267,757

2015	Operating Fund	Restricted Fund	Total 2015
		(Restated Note 18)	
Fund balance, beginning of year as previously reported	$ (1,361,328)	$ 64,238,046	$ 62,876,718
Impact of restatement	-	31,903,716	31,903,716
Fund balance, beginning of year as restated	(1,361,328)	96,141,762	94,780,434
Excess of revenues over expenses	1,712,945	2,284,243	3,997,188
Interfund transfers (Note 14)	(1,689,346)	1,689,346	-
Fund balance, end of year	$ (1,337,729)	$ 100,115,351	$ 98,777,622

The accompanying notes and schedules are part of these financial statements

Statement 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flow

Year ended March 31, 2016, with comparative information for 2015

	Operating Fund		Restricted Fund	
	2016	2015	2016	2015 (Restated Note 18)
Cash provided by (used in):				
Operating activities:				
Excess (shortfall) of revenue over expenses	$ 1,166,474	$ 1,712,945	$ (2,676,339)	$ 2,284,243
Net change in non-cash working capital (Note 8)	1,081,200	(1,420,455)	(447,217)	(4,295,554)
Amortization of capital assets	-	-	5,294,296	4,278,596
(Gain) loss on disposal of capital assets	-	-	58,065	(4,500)
	2,247,674	292,490	2,228,805	2,262,785
Capital activities:				
Purchase of capital assets				
Buildings/construction	-	-	(1,054,609)	(7,104,841)
Land	-	-	(67,774)	-
Equipment	-	-	(1,604,561)	(1,419,690)
Proceeds on disposal of capital assets				
Equipment	-	-	52,606	4,500
	-	-	(2,674,338)	(8,520,031)
Investing activities:				
Redemption (purchase) of long-term investments	1,019,565	(1,724,006)	(69,049)	(455,299)
	1,019,565	(1,724,006)	(69,049)	(455,299)
Financing activities:				
Repayment of debt	-	-	(755,468)	(873,857)
Increase in capital leases	-	-	275,917	274,470
Repayment of capital leases	-	-	(95,403)	(33,829)
	-	-	(574,954)	(633,216)
Net increase (decrease) in cash & short term investments during the year	3,267,239	(1,431,516)	(1,089,536)	(7,345,761)
Cash & short term investments, beginning of year	7,590,055	10,710,917	4,831,073	10,487,488
Interfund transfers (Note 14)	(1,166,474)	(1,689,346)	1,166,474	1,689,346
Cash & short term investments, end of year (Schedule 2)	$ 9,690,820	$ 7,590,055	$ 4,908,011	$ 4,831,073

The accompanying notes and schedules are part of these financial statements.

1. Legislative Authority

The Heartland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of The Act. The Heartland RHA is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

(a) Health Care Organizations (HCO)

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under *The Income Tax Act* of Canada):

- St. Joseph's Integrated Health Centre of Macklin Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

2. Significant Accounting Policies (continued)

(b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

(c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

2. Significant Accounting Policies (continued)

(d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Land Improvements	5 to 12.5%
Buildings	2.5 to 10%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

(e) Inventory

Inventory consists of general stores, medical and surgical, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

(f) Employee future benefits

i) Pension plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method. Actuarial gains and losses are amortized on a straight-line basis over the expected average remaining service life of the related employee groups.

2. Significant Accounting Policies (continued)

(g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in revenues or expenses in the period in which they become known.

(h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: i) fair value or ii) cost or amortized cost.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. The following financial instruments are subsequently measured at cost or amortized cost:

- Accounts receivable
- Short-term and long-term investments
- Accounts payable, accrued salaries and vacation payable
- Long-term debt
- Mortgages payable

The related debt premium or discount and transaction costs are included in the carrying value of financial instruments recorded at cost or amortized cost and are amortized into interest expense using the effective interest rate method.

As at March 31, 2016 the RHA does not have any material outstanding contracts or financial instruments with embedded derivatives. All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement operations.

(i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Canada Mortgage and Housing Corporation (CMHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	Cost	Accumulated Amortization	Net Book Value 2016	Net Book Value 2015 (Restated Note 18)
Land	$ 348,488	$ -	$ 348,488	$ 377,548
Land Improvements	797,560	520,090	277,470	247,590
Buildings	139,600,886	49,287,249	90,313,637	81,068,311
Equipment	24,757,394	19,558,157	5,199,237	5,030,053
Construction in progress	-	-	-	12,093,353
	$ 165,504,328	$ 69,365,496	$ 96,138,832	$ 98,816,855

4. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2016, contractual obligations for the acquisition of capital assets were $398,075 (2015 - $522,816).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2017	$ 418,344
2018	351,869
2019	185,137
2020	177,323
2021	8,254

4. Contractual Obligations (continued)

c) Capital Leases

			Net Carrying Amount	
	Cost	Accumulated Amortization	2016	2015
Ambulances under capital lease	550,387	129,232	421,155	240,641
Total	550,387	129,232	421,155	240,641

Assets under capital lease are included in capital assets in Note 3.

The ambulances are amortized on a straight-line basis over the economic life beginning in the year of

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

Interest Rate		see below
Expiry date		see below
2017	$	123,935
2018		123,935
2019		123,935
2020		82,482
2021		10,302
Total minimum lease payments		**464,589**
Amount representing interest		43,434
Balance of the obligation		**421,155**
Less current portion		(123,935)
Long term portion	$	**297,220**

Equipment under capital lease consists of four ambulance leases, two at 3.57% interest (expiring Aug.1, 2019) and two at 3.04% (expiring June 1, 2020).

d) Asset Retirement Obligations

The RHA may be subject to asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

e) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2016 will continue to be contracted for the following fiscal year. Note 10 b) provides supplementary information on Health Care Organizations.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2016	Balance Outstanding 2015
Heritage Manor, Kindersley- CMHC mortgage due May 1, 2021	1.82%	$261,227 principal & interest. Mortgage renewal date- Sept 1, 2019	$ 1,287,408	$ 1,522,906
Golden Years Lodge, Elrose - CMHC mortgage due Aug 1, 2025	1.01%	$71,145 principal & interest of which $90,000 is subsidized by SHC yielding an effective interest rate of nil. Mortgage renewal date - Feb 1, 2021	556,169	603,769
Jubilee Lodge, Eston - CMHC mortgage due Jun 1, 2022	1.04%	$74,423 principal & interest. Mortgage renewal date - Oct 1, 2020	423,836	484,952
Outlook & District Pioneer Home, Outlook - CMHC mortgage due Apr 1, 2021	4.69%	$58,742 principal & interest of which $15,700 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	265,549	310,775
Prairie Manor, Dinsmore - CMHC mortgage due Apr 1, 2022	4.69%	$42,704 principal & interest of which $11,775 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	225,955	257,340
Prairie View Lodge, Davidson - CMHC mortgage due Dec 1, 2020	2.11%	$42,477 principal & interest of which $473 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Jan 1, 2019	191,861	229,862
Lucky Lake & District, Lucky Lake - CMHC mortgage	4.32%	Mortgage paid in full in 2015-16	-	242,336
			2,950,778	3,651,940
Less current portion			481,233	513,218
			$ 2,469,545	$ 3,138,722

5. Mortgages Payable (continued)

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years and thereafter are estimated as follows:

2017	$ 481,234
2018	491,563
2019	502,188
2020	513,065
2021	513,776
2022 and subsequent	448,952
	$ 2,950,778

6. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2016	2015
Energy Performance Contract Toronto-Dominion Bank Due May 1, 2027	4.48%	$91,683 principal & interest. (Note 15)	$ 804,492	$ 858,798
Regional Ambulance Lease ARI Financial Services Inc. see below	see below	$109,358 principal & interest. (Note 4c)	421,155	240,641
			1,225,647	1,099,439
Less current portion			161,904	104,319
			$ 1,063,743	$ 995,120

Equipment under capital lease consists of four ambulance leases, two at 3.57% interest (expiring Aug.1, 2019) and two at 3.04% (expiring June 1, 2020).

Principal repayments required in each of the next five years is estimated as follows:

2017	$ 161,904
2018	168,112
2019	174,556
2020	142,328
2021	74,679
2022 and subsequent	504,068
	$ 1,225,647

7. Deferred Revenue

As at March 31, 2016	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Safety Training Initiative	$ 11,464	$ -	$ -	$ 11,464
Infection Control	18,006	18,006	-	-
Surgical Initiatives	176,822	43,688	-	133,134
Preventative Dental Services	89,662	23,376	14,061	80,347
Primary Care Redesign	21,079	4,228	-	16,851
Perioperative Nurse Training	2,521	-	-	2,521
Living the Dream and Talking to Youth	1,609	1,609	3,643	3,643
Long Term Care Urgent Issues Action Fund	43,693	17,124	-	26,569
Bursary	7,500	2,595	2,000	6,905
Compensation	393,916	393,916	-	-
Physicians	60,821	73,011	33,057	20,867
Total Sask Health	$ 827,093	$ 577,553	$ 52,761	$ 302,301
Other Government of Sask Initiatives				
Kids First Program	$ 57,995	$ 57,995	$ 43,387	$ 43,387
Family & Students Together	19,906	7,437	-	12,469
Nursing Recruitment Funding	159,994	-	-	159,994
Preventative Dental Services	28,116	13,963	-	14,153
3sHealth Smart Pump Project	-	-	37,549	37,549
Primary Care Redesign	65,028	-	-	65,028
Community Inclusive Services and Support	26,491	-	11,069	37,560
Grace Notes	772	626	-	146
Regional Intersectoral Committee	16,657	646	-	16,011
Saskatoon Regional Health Authority - Autism	107,008	-	-	107,008
Total Other Government of Sask	$ 481,967	$ 80,667	$ 92,005	$ 493,305
Non-Government of Sask Initiatives				
Workplace Wellness	$ 901	$ -	$ -	$ 901
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Other	146,480	-	1,438,011	1,584,491
Bridgepoint Centre Inc.	25,000	25,000	-	-
Mobile Family Center	-	-	7,936	7,936
Town of Kerrobert - Insurance	-	-	20,895	20,895
Total Non-Government of Sask	$ 184,308	$ 25,000	$ 1,466,842	$ 1,626,150
Total Deferred Revenue	$ 1,493,368	$ 683,220	$ 1,611,608	$ 2,421,756

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Fund	
	2016	2015	2016	2015
Accounts receivable	$ (534,002)	$ 46,070	$ 1,131,931	$ 53,341
Inventory	(51,795)	(14,196)	-	-
Prepaid expenses	(63,339)	(45,990)	-	-
Accounts payable	(497,422)	(153,518)	(1,579,148)	(4,348,895)
Accrued salaries	633,777	(1,361,021)	-	-
Vacation payable	655,793	167,682	-	-
Deferred revenue	928,388	(35,882)	-	-
Employee future benefits	9,800	(23,600)	-	-
	$ 1,081,200	$ (1,420,455)	$ (447,217)	$ (4,295,554)

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2016 was $14,901 (2015 - $12,817). These amounts are not reflected in the financial statements.

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

10. Related Parties (continued)

	2016	2015 (Restated Note 18)
Revenues		
Ministry of Health	$ 95,310,290	$94,672,627
Saskatchewan Housing Corporation	137,124	206,047
Other	263,240	246,541
	$ 95,710,654	$95,125,215
Expenditures		
3sHealth	$ 693,106	$ 482,400
3sHealth Dental Plan	489,475	728,556
3sHealth Disability Plan	627,917	662,764
3sHealth Enhanced Dental/Extended Health Plan	1,736,316	1,732,213
Beechy Demaine Emergency Services	122,174	121,328
Bridgepoint Centre for Eating Disorders Inc.	586,964	581,141
Canadian Mental Health Association (Saskatchewan Division) Inc.	30,674	27,839
Cypress Regional Health Authority	92,939	82,144
Eatonia Oasis Living	119,971	109,750
Ehealth	142,010	110,513
Elrose Ambulance Service	13,497	13,498
Ministry of Central Services	53,825	235,748
North Sask Laundry	312,987	510,445
Other Regional Health Authorities	196	7,332
Prairie North Regional Health Authority	144,733	100,180
Prince Albert Parkland Regional Health Authority	854	-
Provincial Public Safety Telecommunications Network	102,029	98,143
Public Employees Pension Plan	32,733	40,737
Sask Energy Incorporated	484,455	809,472
Sask Power Corporation	1,087,448	938,387
Sask Workers' Compensation Board	1,166,372	1,192,809
Saskatchewan Healthcare Employees' Pension Plan	5,016,038	5,080,739
Saskatchewan Telecommunications	377,224	447,024
Saskatoon Regional Health Authority	30,551	53,224
SGI Canada Insurance Services Ltd.	112,523	112,182
	$ 13,577,011	$14,278,568

10. Related Parties (continued)

	2016	2015 (Restated Note 18)
Accounts Receivable		
3sHealth	$ 821	$ -
Ministry of Health	728,199	501,954
SGI Canada Insurance Services Ltd.	19,115	16,240
Saskatoon Regional Health Authority	-	1,741
Ehealth	6,631	-
Saskatchewan Worker's Compensation Board	25,294	32,165
St. Joseph's Integrated Health Centre of Macklin Inc.	3,351	1,371
	$ 783,411	$ 553,471

	2016	2015
Prepaid Expenditures		
Saskatchewan Worker's Compensation Board	$ 247,262	$ 278,586
SGI Canada Insurance Services Ltd.	97,739	34,592
	$ 345,001	$ 313,178

	2016	2015
Accounts Payable		
3sHealth	$ 48,252	$ 21,282
3sHealth Dental Plan	-	63,600
3sHealth Disability Plan	-	100,022
Cypress Regional Health Authority	6,572	12,527
Eatonia Oasis Living	510	349
Ehealth	16,570	19,363
Ministry of Central Services	4,930	16,806
North Sask Laundry	-	81,736
Prairie North Regional Health Authority	11,950	-
Provincial Public Safety Telecommunications Network	22,836	21,252
Public Employees Pension Plan	-	2,579
Sask Power Corporation	-	7,282
Saskatchewan Healthcare Employees' Pension Plan	-	1,337
Saskatchewan Telecommunications	64,090	87,891
Saskatoon Regional Health Authority	1,261	1,235
SGI Canada Insurance Services Ltd.	97,739	30,569
St. Joseph's Integrated Health Centre of Macklin Inc.	66,930	1,500
	$ 341,640	$ 469,330

10. Related Parties (continued)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2016	2015
Bridgepoint Centre for Eating Disorders Inc.	$ 586,964	$ 581,141
Canadian Mental Health Association (Saskatchewan Division) Inc.	30,674	27,839
	$ 617,638	$ 608,980

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to each affiliate:

	2016	2015
St. Joseph's Integrated Health Centre of Macklin Inc.	$ 2,415,432	$ 2,248,060
	$ 2,415,432	$ 2,248,060

10. Related Parties (continued)

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, 2016 and 2015.

		2016		2015
Statement of financial position:				
Assets	$	342,648	$	304,963
Net capital assets		2,085,663		2,183,264
	$	2,428,311	$	2,488,227
Total liabilities	$	409,422	$	372,614
Total fund balances		2,018,889		2,115,613
	$	2,428,311	$	2,488,227
Results of operations:				
RHA grant	$	2,415,432	$	2,248,060
Other revenue		427,008		415,914
Total revenue	$	2,842,440	$	2,663,974
Salaries and benefits	$	2,386,876	$	2,314,545
Other expenses		552,288		615,552
Total expenses	$	2,939,164	$	2,930,097
Deficiency of revenue over expenses	$	(96,724)	$	(266,123)

Other expenses include amortization of $137,227 (2015 - $140,101).

		2016		2015
Cash flows:				
Cash from (used in) operations	$	49,074	$	(16,094)
Cash from (used in) investing and financing activities		(888)		(81)
Cash from (used in) capital		878		81
Decrease in cash	$	49,064	$	(16,094)

Cash used in capital activities includes capital purchases of $39,626 (2015 - $4,352) and loss on disposal of $nil (2015 - $nil).

11. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – benefits in Schedule 1 and is equal to the RHA contributions amount below.

	SHEPP[1]	PEPP	Total 2016	Total 2015
Number of active members	1,377	8	1,385	1,338
Member contribution rate, percentage of salary	8.10-10.70%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	9.07-11.98%*	6.00-7.00%*		
Member contributions	4,481,197	37,420	4,518,617	4,585,443
RHA contributions	5,016,038	32,733	5,048,771	5,121,476

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2016. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

11. Employee Future Benefits (continued)

b) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans administered by 3sHealth:

1. General established in 1975

2. SEIU established in 1975 – affiliated with the Service Employees International Union

3. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in Compensation – benefits in Schedule 1 and is equal to the RHA contributions amount below.

	General	SEIU	SUN	Total 2016	Total 2015
Number of active members	185	932	289	1,406	1,177
Member contribution rate, percentage of salary	0.60-0.65%	1.39%	0.76%		
RHA contribution rate, percentage of salary	0.65-0.70%	1.39%	0.89%		
Member contributions	74,160	413,041	114,956	602,157	634,422
RHA contributions	80,374	412,734	134,809	627,917	662,764

c) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

11. Employee Future Benefits (continued)

	2016	2015
Discount rate	2.40	1.90
Expected average remaining service life	12.6 years	12 years
Earnings increase for seniority, merit and promotion is as follows:		
Employee groups		
For ages 15 to 29		2.0%
For ages 30 to 39		1.5%
For ages 40 to 49		1.0%
For ages 50 to 59		0.5%
For ages 60 and over		0.0%
SUN members at 20 years of service (ages 60 and over)		2.0%

	2016	2015
Accrued benefit obligation, beginning of year	$ 3,033,800	$ 3,057,400
Cost for the year		
Current period benefit cost	408,600	380,500
Employment benefit interest expense	62,200	88,600
Actuarial losses	26,800	12,200
Benefits paid during the year	(487,800)	(504,900)
Accrued benefit obligation, end of year	$ 3,043,600	$ 3,033,800

Unamortized actuarial losses at March 31, 2016 were $585,400 (2015 - $276,900).

12. Budget

The RHA approved the 2015-2016 budget plan on June 5, 2015. Subsequent to budget approval, contract compensation adjustments totaling $1,042,773 were added to the budget for both revenue and expenses.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from the Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces and are therefore lower risk. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposures as follows:

	2016	2015
Cash and short-term investments	$ 14,598,831	$ 12,421,128
Accounts receivable		
Ministry of Health - General Revenue Fund	728,199	501,954
Other	1,244,790	2,068,964
Investments	4,558,184	5,508,700
	$ 21,130,004	$ 20,500,746

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

13. Financial Instruments (continued)

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2016 and 2015 have fixed interest rates.

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2016 the RHA has a cash balance of $14,598,831 (2015 - $12,421,128)

f) Fair value:

The carrying amount of the following financial instruments approximate fair value due to their immediate or short-term nature:

- Accounts receivable
- Accounts payable, accrued salaries and vacation payable
- Cash and short term investments

The fair value of mortgages payable and long term debt before the repayment required within one year, is $3,345,896 (2015 - $3,596,476) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital

14. Interfund Transfers

asset purchases and reassigning fund balances to support certain activities.

	2016		2015	
	Operating Fund	Restricted Fund	Operating Fund	Restricted Fund
Capital asset purchases	$ (61,694)	$ 61,694	$ (292,772)	$ 292,772
Mortgage payments	(585,591)	585,591	(478,539)	478,539
Debt repayment	(201,041)	201,041	(131,584)	131,584
Other	(318,148)	318,148	(786,451)	786,451
	$ (1,166,474)	$ 1,166,474	$ (1,689,346)	$ 1,689,346

15. Energy Renewal Project

Energy performance contracting was a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. The RHA entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is $1,538,746. Construction costs have been financed through a $1,000,000 long term debt facility with a balance of $804,492 outstanding (2015 - $858,798), which bears interest at a rate of 4.48%. The term debt facility is amortized over a period of 15 years.

Results of the energy renewal project since its inception are:

	2016	2015	Prior	Total
Estimated utility savings	$ 145,947	$ 145,947	$ 189,193	$ 481,087
Interest cost	37,376	40,732	65,121	143,229

16. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

17. Collective Bargaining Agreements

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. At March 31, 2016 a tentative four-year agreement had been signed which was ratified on April 20, 2016 by Provincial health employers. The Health Services Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018. The Service Employees International Union (SEIU) contract is in effect until March 31, 2017.

18. Co-ownership Restatement

During 2013, the RHA entered into shared ownership arrangements with the Ministry of Health for the construction of certain projects. At the direction of the Ministry of Health, the RHA recorded only their proportionate ownership interest (approximately 25%) in the related tangible capital assets acquired, rather than the full cost of the assets. This accounting constituted a departure from the Canadian public sector accounting standards (PSAS).

In 2016, the RHA retroactively amended its accounting for the projects to account for the full cost of the tangible capital assets acquired in accordance with PSAS. The comparative information for 2015 has been restated as follows:

	Previously Reported	Restatement	Restated Total 2015
ASSETS			
Capital Assets	$ 65,202,460	$ 33,614,395	$ 98,816,855
LIABILITIES AND FUND BALANCES			
Fund Balances			
Investment in capital assets	60,451,081	33,614,395	94,065,476
REVENUES			
Ministry of Health - general (Restricted fund)	828,744	1,710,679	2,539,423
EXPENSES			
Amortization expense	4,278,596	-	4,278,596
Restricted Excess of revenues over expenses	573,564	1,710,679	2,284,243
Restricted Fund Balance, beginning of year	64,238,046	31,903,716	96,141,762
Restricted Fund Balance, end of year	66,500,956	33,614,395	100,115,351
Total Fund Balance, end of year	$ 65,163,227	$ 33,614,395	$ 98,777,622

Schedule 1

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2016, with comparative information for 2015

	Budget 2016	Actual 2016	Actual 2015
Operating Fund:			
Advertising & public relations	$ 91,220	$ 49,207	$ 59,026
Board costs	83,049	53,991	63,316
Compensation - benefits	13,512,545	13,209,776	13,165,317
Compensation - employee future benefits	(11,000)	9,800	(23,600)
Compensation - salaries	69,688,012	71,197,558	68,673,642
Continuing education fees & materials	120,155	93,052	113,937
Contracted-out services - other	900,050	895,561	866,207
Diagnostic imaging supplies	38,850	29,618	35,990
Dietary supplies	117,180	142,758	130,573
Drugs	639,222	730,181	608,090
Food	1,491,378	1,599,170	1,495,641
Grants to ambulance services	135,498	135,671	134,825
Grants to health care organizations & affiliates	2,911,984	3,090,357	2,939,117
Housekeeping & laundry supplies	605,362	626,747	574,048
Information technology contracts	492,995	512,175	532,544
Insurance	332,851	360,172	330,026
Interest	28,330	30,782	28,574
Laboratory supplies	687,291	746,832	611,105
Medical & surgical supplies	1,285,026	1,403,248	1,424,326
Medical remuneration and benefits	3,504,993	3,123,323	2,440,086
Meetings	37,200	18,812	32,730
Office supplies & other office costs	625,185	610,717	646,608
Other	526,764	615,932	567,023
Professional fees	988,679	948,899	1,051,907
Purchased salaries	337,725	282,844	267,476
Rent/lease/purchase costs	966,686	947,909	994,162
Repairs and maintenance	1,838,991	2,056,167	2,078,737
Supplies - other	191,638	231,029	223,978
Therapeutic supplies	32,520	17,792	18,188
Travel	909,889	859,724	919,425
Utilities	1,958,627	1,824,497	1,929,100
	$ 105,068,895	$ 106,454,301	$ 102,932,124
Restricted Fund:			
Amortization		$ 5,294,296	$ 4,278,596
(Gain) loss on disposal of fixed assets		58,065	(4,500)
Mortgage interest expense		98,126	162,934
Other		93,694	53,369
		5,544,181	4,490,399
		$ 111,998,482	$ 107,422,523

Schedule 2

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2016

	Carrying Value	Maturity	Effective Rate
Restricted Cash and Investments			
Cash and Short Term Investments			
Chequing and Savings:			
RBC Dominions Securities	$ 36,070		
Prairie Centre Credit Union - Rosetown	4,648,141		
	4,684,211		
Short Term Investments:			
GIC - National Bank of Canada	79,740	Jun 15, 2016	3.03%
GIC - ICICI Bank	55,000	Nov 07, 2016	2.78%
GIC - Laurentian Bank	89,060	Jan 29, 2017	2.15%
	223,800		
Total Cash & Short Term Investments	$ 4,908,011		
Long Term Investments			
GIC - Pacific & Western	$ 75,000	Jun 04, 2017	2.60%
GIC - Equitable Trust	75,000	Jun 05, 2017	2.55%
GIC - Korea Exchange Bank	75,000	Oct 23, 2017	2.25%
GIC - CDN Western Bank	100,000	Dec 10, 2017	2.10%
GIC - Homequity Bank	85,300	Jul 26, 2018	2.65%
GIC - Tangerine Bank	75,000	Oct 23, 2018	2.25%
GIC - Equitable Bank	69,395	Nov 21, 2018	2.65%
GIC - Montreal Trust CDA	100,000	Dec 10, 2018	2.31%
GIC - State Bank of India	75,000	Oct 23, 2019	2.51%
GIC - Bank of Nova Scotia	100,000	Dec 10, 2019	2.57%
GIC - B2B Bank	100,000	Mar 11, 2020	2.15%
GIC - LBC Trust	100,000	Mar 11, 2020	2.15%
GIC - Canadian Tire Bank	92,850	Jun 11, 2020	2.30%
GIC - CDN Western Trust	100,000	Nov 30, 2020	2.26%
GIC - NATCAN Trust Company	100,000	Mar 04, 2021	2.17%
	1,322,545		
Total Restricted Cash and Investments	$ 6,230,556		

Schedule 2 - continued

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2016

	Carrying Value	Maturity	Effective Rate
Unrestricted Cash and Investments			
Cash and Short Term			
Affinity Credit Union - Davidson	$ 9,986		
Alterna Investment Svgs	693,562		
Home Tr Interest Svgs	97,769		
Biggar Credit Union	19,271		
CIBC - Lucky Lake	2,995		
Co-Op Equity Accounts	12,021		
Innovation Credit Union - Wilkie	10,400		
Kerrobert Credit Union	770,654		
Petty Cash	6,936		
Prairie Centre Credit Union - Rosetown	6,402,808		
Synergy Credit Union - Kindersley	22,633		
Unity Credit Union	26,483		
	8,075,518		
Short Term Investments:			
GIC - Concentra	$ 261,932	Aug 29, 2016	2.30%
GIC - RBC	229,359	Sep 06, 2016	2.15%
Prairie Centre Credit Union - Rosetown	1,124,011	Oct 19, 2016	2.25%
	1,615,302		
Total Cash & Short Term Investments	$ 9,690,820		
Long Term Investments			
GIC - Concentra	$ 236,666	Oct 11, 2017	2.78%
GIC - Manulife	236,666	Oct 11, 2017	2.61%
TD - Prairie Centre Credit Union - Rosetown	1,120,136	Nov 05, 2017	2.25%
TD - Prairie Centre Credit Union - Rosetown	512,535	Apr 11, 2018	2.50%
TD - Prairie Centre Credit Union - Rosetown	337,022	Apr 11, 2019	2.85%
TD - Prairie Centre Credit Union - Rosetown	275,757	Sep 22, 2019	2.80%
GIC - Concentra	173,460	Aug 31, 2020	2.25%
GIC - MCAN	100,000	Aug 31, 2020	2.30%
GIC - Concentra	243,397	Sep 08, 2020	2.30%
	3,235,639		
Total Unrestricted Investments	$ 12,926,459		
Total Cash and Investments	$ 19,157,015		

Restricted investments consist of: Restricted donations and capital funding (Schedule 3); and Replacement Reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund and other Internally Restricted Funds (Schedule 4).

Restricted and Unrestricted Totals	
Total Cash & Short Term	$ 14,598,831
Total Long-Term Investments	$ 4,558,184
Total Investments	$ 19,157,015

Schedule 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2016, with comparative information for 2015

	Balance Beginning of Year	Donations	Other Capital Revenue, Net of Expenses	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
Sask Health Initiatives						
Equipment Funding	$ 329,298	$ -	$ 175,000	$ -	$ (190,703)	$ 313,595
Diagnostic Equipment	12,734	-	-	-	-	12,734
Safety Equipment	9,990	-	-	-	-	9,990
Block Funding	520,438	-	305,000	-	(280,766)	544,672
Long Term Care Building Projects	684,495	75,845	517,192	-	(557,045)	720,487
EMS Radios	13,959	-	-	-	-	13,959
Total Sask Health	1,570,914	75,845	997,192	-	(1,028,514)	1,615,437
Non-Government of Sask Initiatives						
Donations	$ 1,443,363	$ 1,530,109	$ 26,612	$ -	$ (860,666)	$ 2,139,418
Other	418,596	-	94,552	-	24,750	537,898
Total Non-Government of Sask	1,861,959	1,530,109	121,164	-	(835,916)	2,677,316
Total Externally Restricted	$ 3,432,873	$ 1,605,954	$ 1,118,356	$ -	$ (1,864,430)	$ 4,292,753

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Funds

Year ended March 31, 2016, with comparative information for 2015

	Balance Beginning of Year	Investment & Other Income	Annual Allocation to Unrestricted Fund	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
Replacement Reserves						
Biggar Diamond Lodge	$ 88,990	$ -	$ (88,990)	$ -	$ -	$ -
Outlook Pioneer Home	56,195	702	-	-	-	56,897
Kindersley Heritage Manor	227,691	2,846	-	-	-	230,537
Davidson Prairie View Lodge	181,054	2,263	-	-	-	183,317
Elrose & District Health Centre	74,691	934	-	-	-	75,625
Eston Jubilee Lodge	146,560	1,832	-	-	-	148,392
Total Replacement Reserves	775,181	8,577	(88,990)	-	-	694,768
Other Internally Restricted Funds						
Appropriated for Other	1,841,823	35,365	88,990	1,166,474	(1,477,094)	1,655,558
Total Internally Restricted	$ 2,617,004	$ 43,942	$ -	$ 1,166,474	$(1,477,094)	$2,350,326

Schedule 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2016, with comparative information for 2015

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total 2016	Total 2015
Anderson, Richard - Chairperson	$ 9,960	$ 5,963	$ 2,644	$ 4,409	$ -	$ 782	$ 23,758	$ 26,434
Baker, Carey	-	1,200	300	299	-	67	1,866	-
Goring, Loretta	-	1,956	294	505	-	-	2,755	4,591
Groves, Gary	-	1,825	-	-	-	-	1,825	3,445
Heintz, Bernadette	-	2,200	738	1,017	-	132	4,087	-
Ilott, Lorreen	-	1,838	363	493	-	51	2,745	3,619
Legge, Geoff	-	2,247	750	526	-	125	3,648	-
Lorenz, Hazel	-	825	325	488	-	31	1,669	3,542
McIntyre, Norm	-	1,800	425	572	-	153	2,950	2,425
Nykiforuk, David	-	600	250	389	-	30	1,269	2,906
Rankin, Lyle	-	1,200	225	347	-	32	1,804	2,743
Siemens, George	-	825	125	138	-	-	1,088	3,800
Stockford, Mark	-	1,800	188	605	-	98	2,691	1,781
Whittles, Mary-Lou	-	813	250	102	-	39	1,204	4,088
Total	$ 9,960	$ 25,092	$ 6,877	$ 9,890	$ -	$ 1,540	$ 53,359	$ 59,374

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2016, with comparative information for 2015

Senior Employees	Salaries[1]	Vacation Payout[1]	Sub-total (Total Salaries)	Benefits and Allowances[2]	Severance Amount	Total 2016	Salaries, Benefits & Allowances[1,2]	Severance	Total 2015
Cummings, Gregory - President/CEO	$ 300,267	$ -	$ 300,267	$ 810	$ -	$ 301,077	$ 275,770	-	$ 275,770
Bosch, Stacey - VP of Corporate Services	194,848	-	194,848	405	-	195,253	181,982	-	181,982
Pajunen, Sheila - VP of Human Resources	196,345	-	196,345	405	-	196,750	181,984	-	181,984
Munro, Jeannie - VP of Primary Health & Quality Services	206,601	4,229	210,830	168	-	210,998	182,379	-	182,379
Riendeau, Gayle - VP of Health Services	247,718	-	247,718	810	-	248,528	228,868	-	228,868
Pierrepont, Wayne - Director of Environmental Services	122,008	-	122,008	1,620	-	123,628	120,481	-	120,481
Ledding, Dr. David - Sr. Medical Manager	2,070	-	2,070	-	-	2,070	-	-	-
Williams, Dr. Lyle - Sr. Medical Manager	170,578	-	170,578	-	-	170,578	150,000	-	150,000
Total	$ 1,440,435	$ 4,229	$ 1,444,664	$ 4,218	$ -	$ 1,448,882	$ 1,321,464	$ -	$ 1,321,464

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration. Refer to Note 16 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.